

Name
in
Full

Frank M. Albough

CERTIFICATE OF DEATH

MARYLAND

Died at		Town Frederick		County Frederick			
Date of death	1905	Month 12	Day 12	Age	Years 2	Months 3	Days 2
Sex	Male		Color or Race	Wh		Birth-place	Md
Occupation	+			Where Residing if not at place of death		+	
Married, Single or Widowed	+		Name of Wife or Husband		+		
Father's Name	Eugene H. Albough					Father's Birthplace	Md
Mother's Maiden Name	Maggie Moore					Mother's Birthplace	Md
Name of person giving information						How related to deceased	

CAUSES OF DEATH

Primary	Scarlet Fever	How long	4 days
Immediate	Broncho-Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas F. Gooden. M.D.
		Address	Frederick
Accident or Suicide?	No		Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

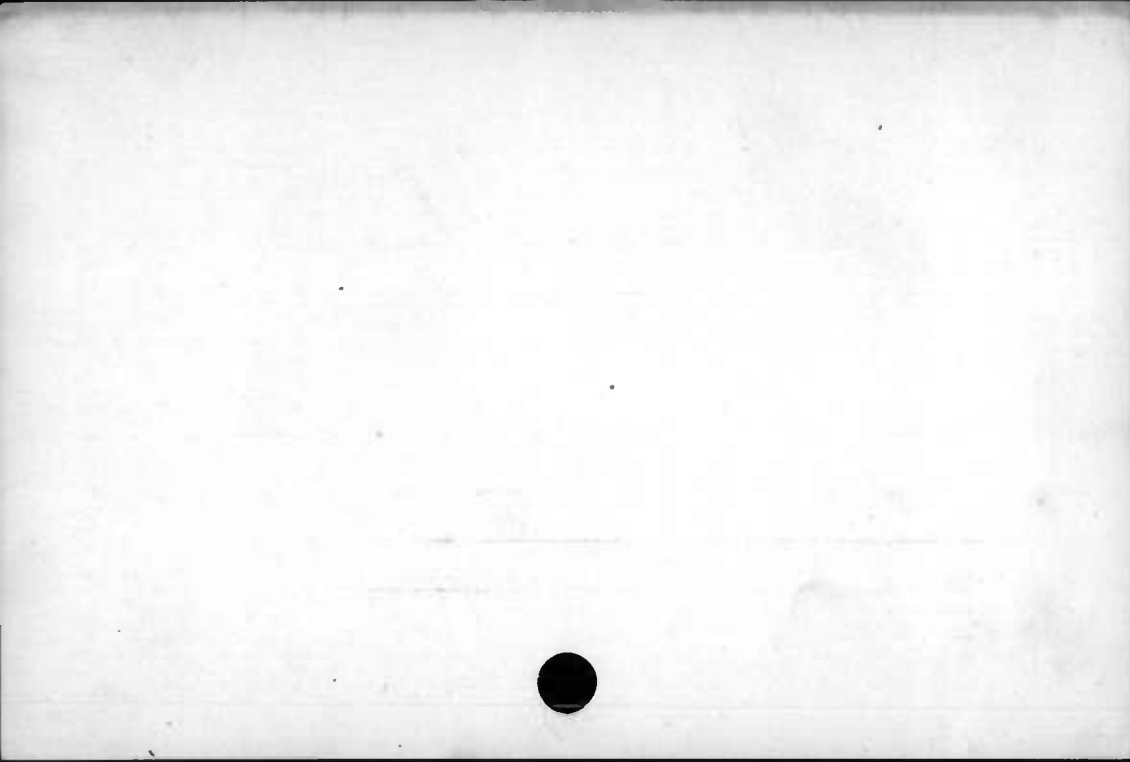
Stillborn Infant, Alexander (M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Woodboro.</i>		Town <i>Woodboro.</i>		County <i>Ind.</i>		MARYLAND			
	Date of death <i>1905</i>		Month <i>12</i>		Day <i>8</i>		Age <i>Years</i>		Months <i>Days</i>	
	Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Woodboro-Md.</i>					
	Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>							
	Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>							
	Father's Name <i>Louis Alexander</i>		Father's Birthplace <i>_____</i>							
	Mother's Maiden Name <i>Silvia Anders.</i>		Mother's Birthplace <i>Near Woodboro.</i>							
Name of person giving information <i>_____</i>		How related to deceased <i>_____</i>								

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Premature</i>	How long <i>_____</i>
	Immediate <i>_____</i>	How long <i>_____</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. H. Fable,</i>
		Address <i>Woodboro, Ind.</i>
Accident or Suicide? <i>_____</i>		



Name
in
Full

CERTIFICATE OF DEATH

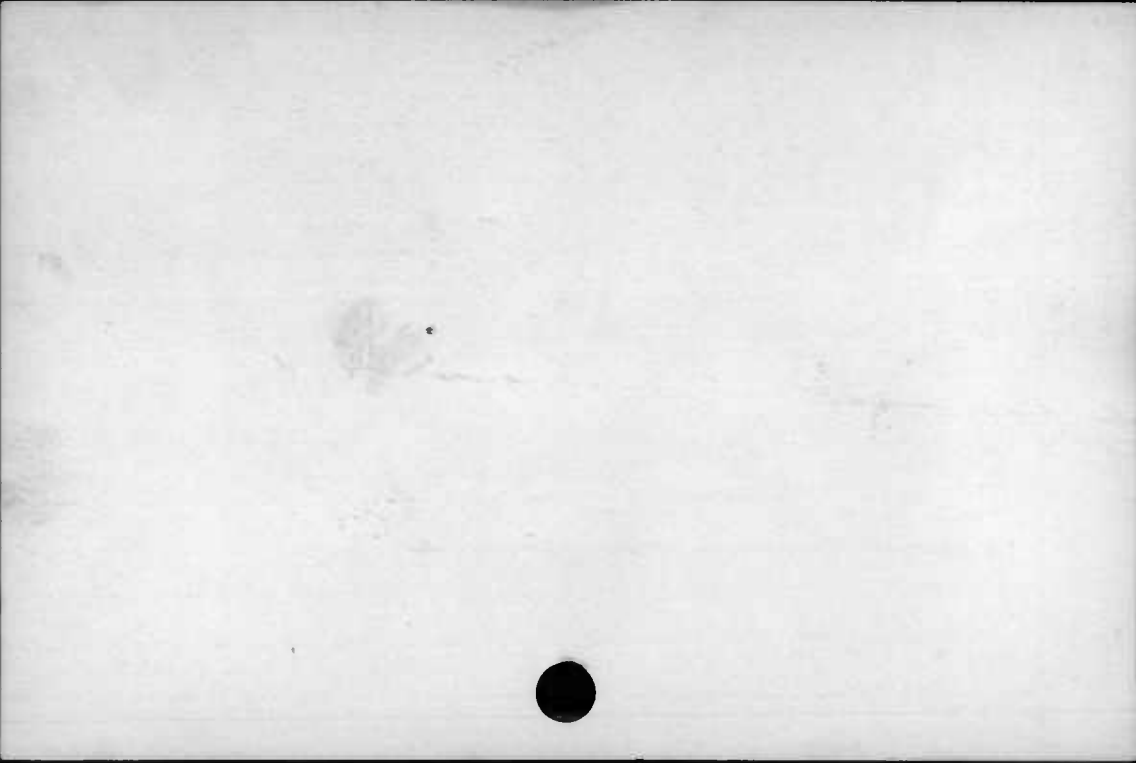
TO BE ANSWERED BY
NEAREST FRIEND

Joseph D. Audes

Died at		Town Unionville		County Frederick		MARYLAND					
Date of death 190		5	Month Decbr	8	Day	70	Years	3	Months	22	Days
Sex		Male		Color or Race		White		Birth- place		Maryland	
Married, Single or Widowed		Married		Occupation		Retired farmer					
Name of Wife or Husband		Mary Smith									
Father's Name		William Audes					Father's Birthplace		Maryland		
Mother's Maiden Name		Not known					Mother's Birthplace				
Name of person giving In formation		Thomas Smith					How related to deceased		Nephew		

CAUSES OF DEATH

Primary	Pneumonia double	How long	Seven days
Immediate	Exhaustion	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Thos. P. Sappington M.D.	
Address		Unionville Maryland	
Accident or Suicide?			



Name
in
Full

Ernest Banks.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Monteith Hospital*

Date

of death *1905*

Month

12

Day

14

Age

Years

26

Months

—

Days

19

Sex

*Male*Color or
Race*White*Birth-
place*Virginia*

Occupation

*Laburn*Where Residing if not
at place of deathMarried, ~~Single~~
~~or Widowed~~Name of Wife or
Husband*Leahy Banks*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Miliary Tuberculosis

How long

Six months

Immediate

How long

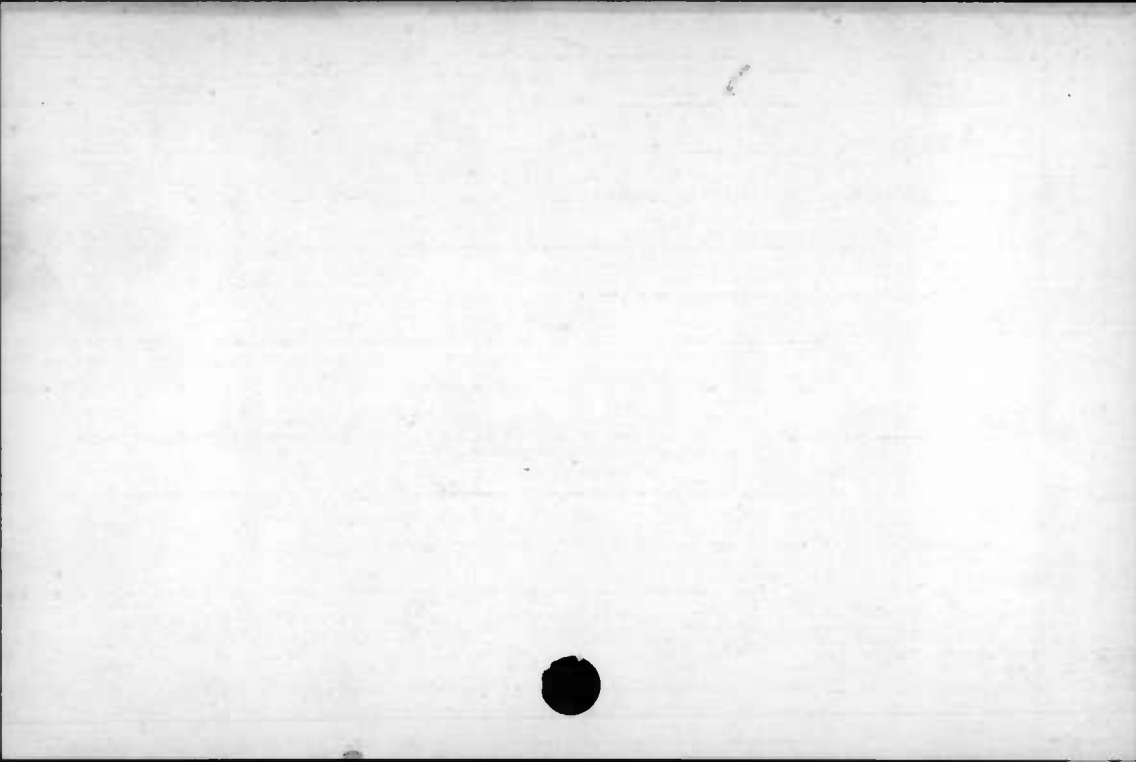
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*R. L. Lyson,
Frederick,
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William E Barnard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Brunswick* Town*Frederick* County

MARYLAND

Date of death *1905* *Dec* MonthDay *8*Age *37* YearsMonths *11*Days *11*Sex *Male*Color or
Race*white*Birth-
place*md*

Occupation

*B & O Conductor*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Alice Thomas*Father's
Name*William A Barnard*Father's
Birthplace*md*Mother's
Maiden Name*Anna R Thomas*Mother's
Birthplace*md*Name of person giving
information*Alice Barnard*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

18 md

Immediate

Exhaustion

How long

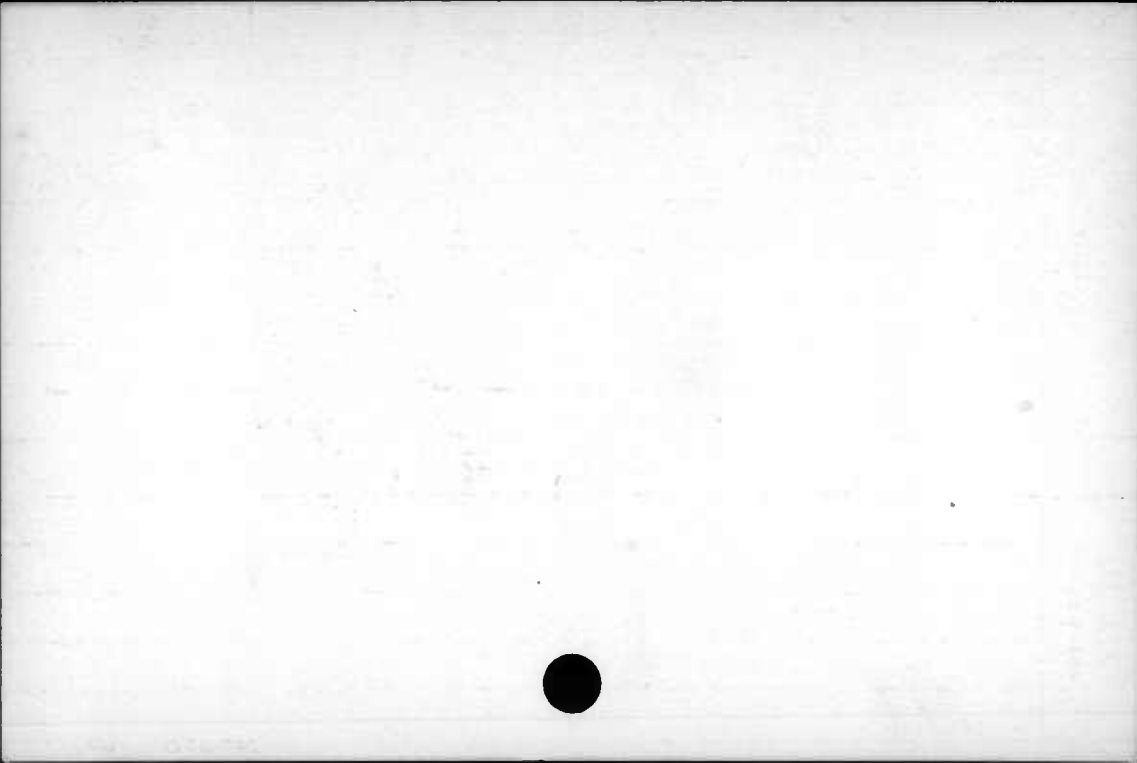
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. J. Horine*

Address

*Brunswick
md.*

Accident or Suicide?

no



Name
in
Full

Elizabeth E. Barrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Middleton</u>		Town <u>Middleton</u>		County <u>Linedenich</u>		MARYLAND	
Date of death	1905	Month	Dec	Day	12	Years	Age About 78
Sex	Female		Color or Race	White		Birth-place	Ind.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Levi Barrick				Father's Birthplace	
Mother's Maiden Name		Catherine Kohlenberger				Mother's Birthplace	
Name of person giving information		Hattie Reinhardt -				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Valvular Heart trouble + Sclerosis</u>		How long	<u>unknown</u>
Immediate	<u>Colapse + General debility</u>		How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician	
			<u>E. L. Beckley</u>	
			Address	
			<u>Middleton</u>	
Accident or Suicide?			<u>Ind.</u>	



Name
in
Full

Rice Blanche

CERTIFICATE OF DEATH

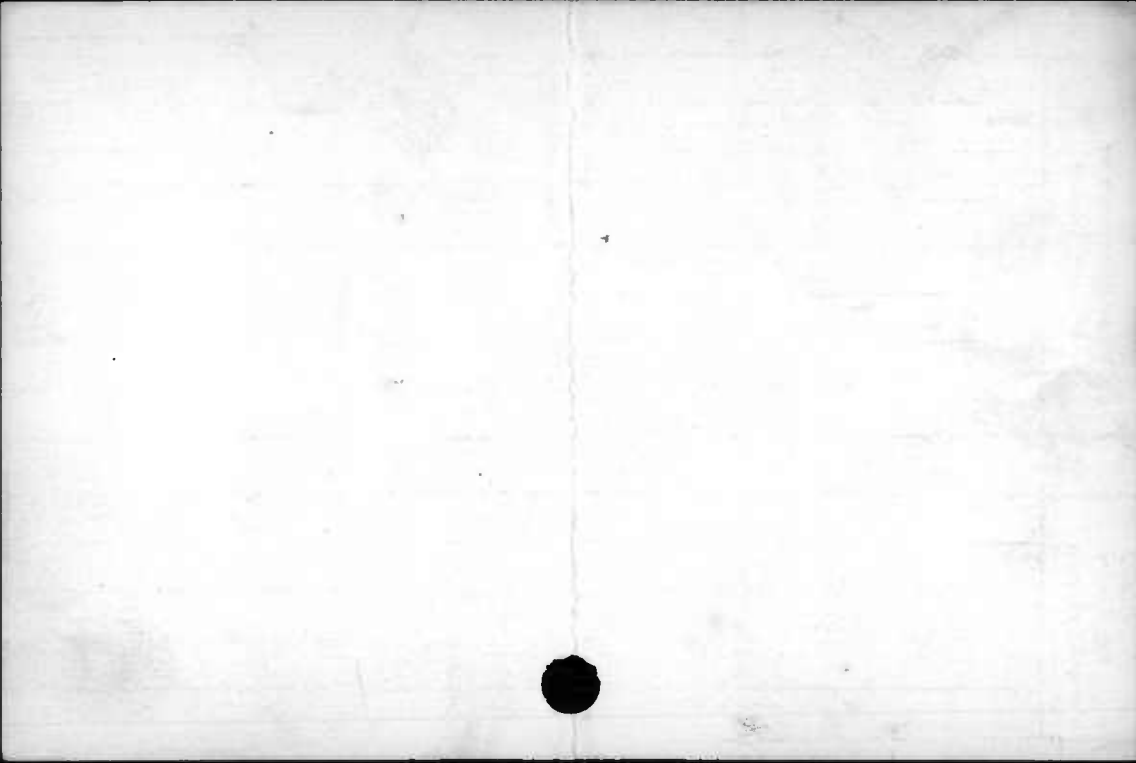
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckeystown</i>		Town <i>Frederick Co</i>		County		MARYLAND	
Date of death	1905	Month	12	Day	19	Years	20
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Buckeystown Md</i>		Months <i>—</i> Days <i>15</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Fulton B. Rice</i>		Father's Birthplace					
Mother's Maiden Name <i>Sallie Shaffer</i>		Mother's Birthplace					
Name of person giving information <i>Father</i>		How related to deceased.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Asthma</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. P. Fahrney M.D.</i>
		Address	<i>Frederick Md</i>
<i>Accident or Suicide?</i>			



Name
in
Full

Addie E. Bohn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Anaby</i> Town		<i>Fredk</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>12</i> Day <i>14</i> Age <i>37</i> Years		Months <i>4</i>		Days <i>19</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wid</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, <i>Single</i> or <i>Widowed</i>		Name of <i>Wm</i> or Husband <i>Bohn</i>			
Father's Name <i>John M. Zimmerman</i>		Father's Birthplace <i>Wid</i>			
Mother's Maiden Name <i>Elija Castle</i>		Mother's Birthplace <i>Wid</i>			
Name of person giving information <i>Wm Bohn</i>		<i>(46)</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Papilloma (abdominal)</i>	How long	<i>12 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm Johnson</i>	
		Address <i>Fredk Wid</i>	
Accident or Suicide? <i>—</i>			

F. Schreyer

Dec 14/05

Mr. Olcott

Name
in
Full

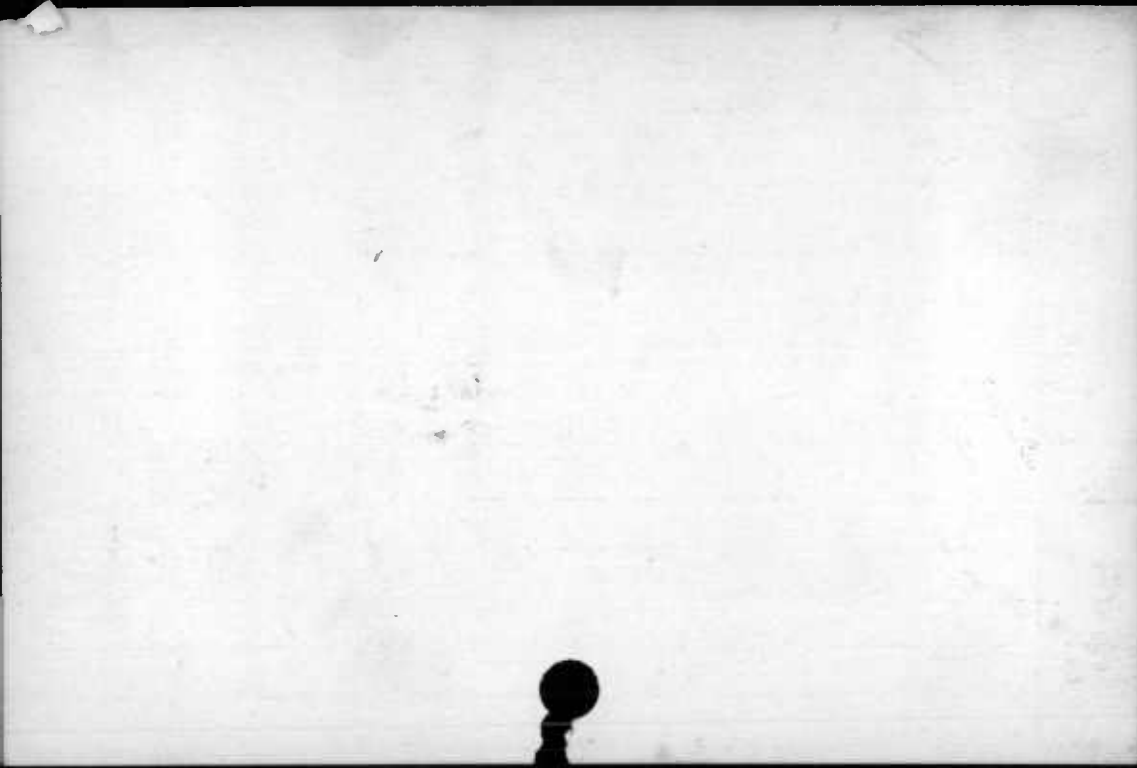
Annie B. Bowers

CERTIFICATE OF DEATH

Died at <u>Emmitsburg</u> ^{Town}		<u>Fredricks</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>12th</u> ^{Day} <u>8th</u>		Age <u>39</u> ^{Years}		<u>1</u> ^{Months} <u>3</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Carroll Co</u>	
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Emmitsburg</u>			
Married, Single <u>Yes</u> ^{or Widowed}		Name of Wife or Husband <u>Isaac S Bowers</u>			
Father's Name <u>William Flegle</u>		Father's Birthplace <u>Carroll Co</u>			
Mother's Maiden Name		Mother's Birthplace <u>11</u>			
Name of person giving information <u>Isaac S Bowers</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Gun Shot Wound</u>	How long
	Immediate	How long <u>Instant</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Henry Stokes Coroner</u>
		Address <u>L. A. Swanney, Undertaker</u>
	Accident or suicide	



Name
in
Full

Geo. Emory Bowens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death	1908	Month Dec	Day 10	Age	Years 24	Months 2	Days 20
Sex	Male		Color or Race	White		Birth-place	W. Va.
Occupation	Brickman on R.R.			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Morgan Bowens					Father's Birthplace	W. Va.
Mother's Maiden Name	Mary J. Bowers					Mother's Birthplace	W. Va.
Name of person giving information	Mary J. Bowers					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Larynx & Lungs		How long	2 years
Immediate	Choking		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Levin West
			Address	Brunswick-Frederick Co
Accident or Suicide?				



Name
in
Full

Pousaint Olvestone Bowie

CERTIFICATE OF DEATH

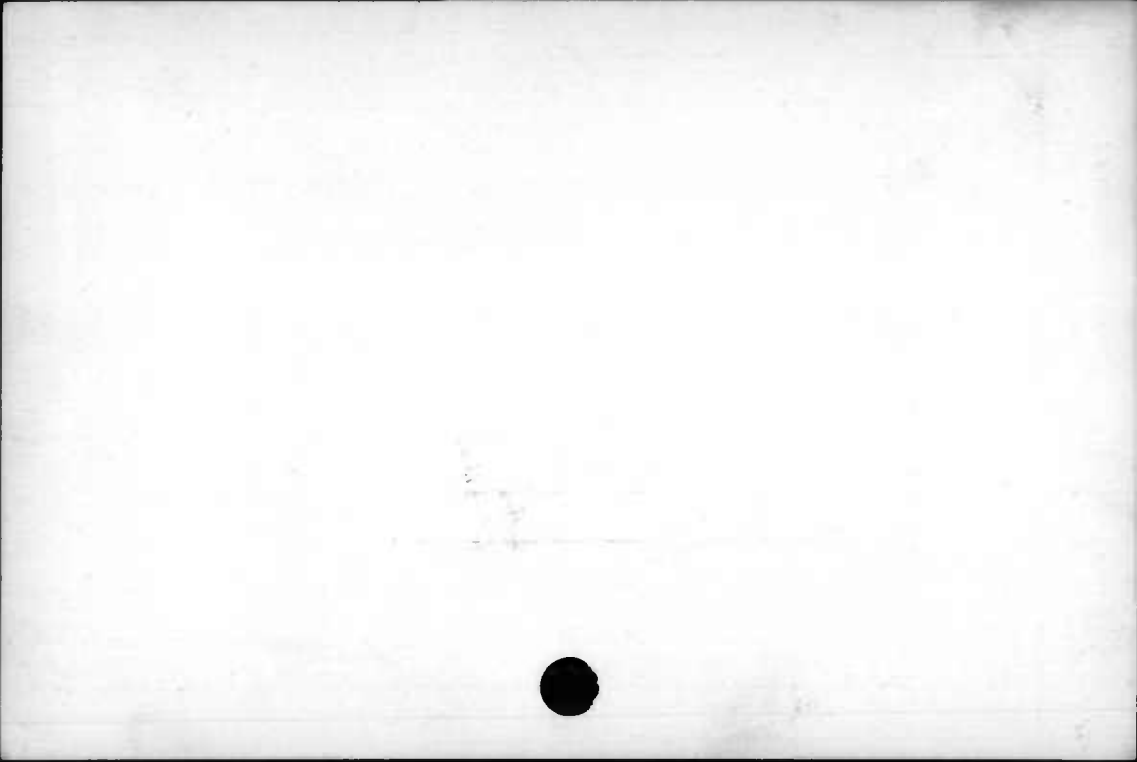
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barterville</i> Town		<i>Frank</i> County		38		MARYLAND	
Date of death	190	Month	12	Day	25	Age	2
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>New Market, Md.</i>		Months	Days
Occupation <i>yes</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Mary J. Bowie</i>					
Father's Name <i>John W. Bowie,</i>		Father's Birthplace <i>Ragtown Mont. Co.</i>					
Mother's Maiden Name <i>Mary J. Richardson,</i>		Mother's Birthplace <i>Gamsville Md</i>					
Name of person giving information <i>Father, John W. Bowie</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scutling.</i>	How long	<i>Three weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>		Signature of Physician <i>No Physician in attendance</i>	
Address			
Accident or Suicide? <i>No,</i>			



Name
in
Full

Vivian Breashears 36

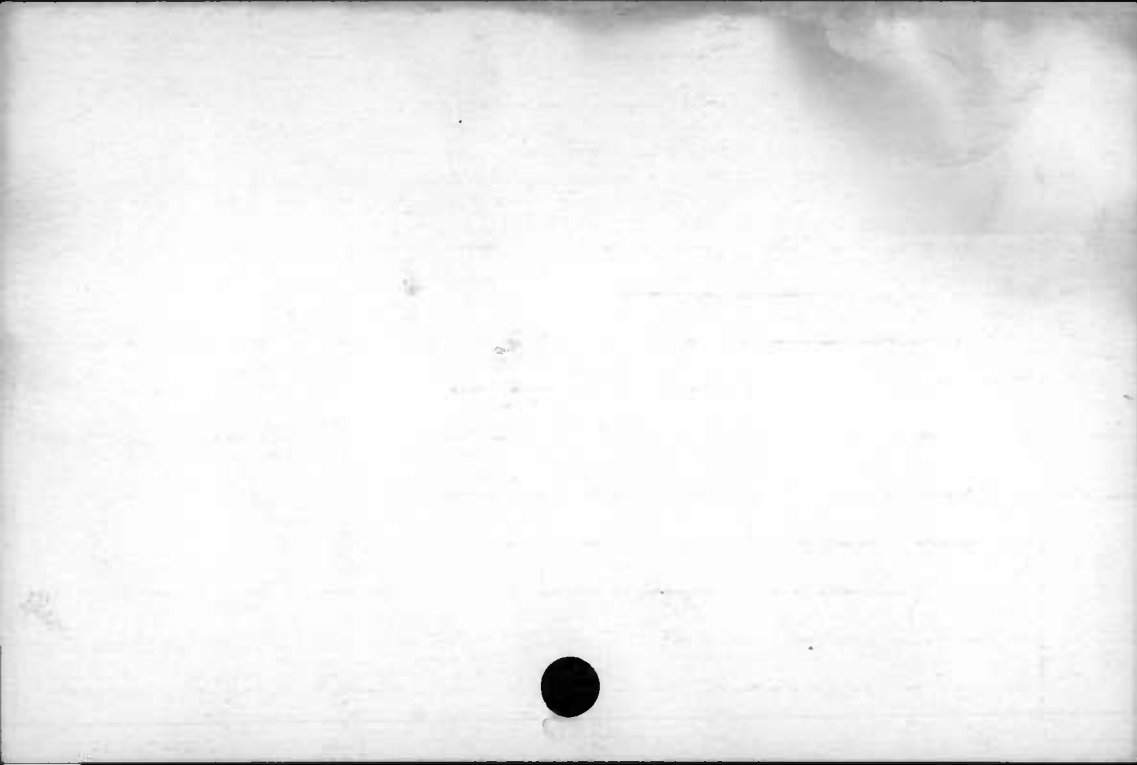
CERTIFICATE OF DEATH

Died at <i>Kimpton</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1905	Month	Dec.	Day	9
Sex <i>Female</i>		Color or Race <i>White</i>		Months	3
Occupation		Age		Years	25
Where Residing if not at place of death		Birth-place		<i> Md</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i> C Thomas Breashears</i>		Father's Birthplace	<i> Md</i>
Mother's Maiden Name		<i> Lilly C. Cary</i>		Mother's Birthplace	<i> Md</i>
Name of person giving information		<i> Lilly Breashears</i>		How related to deceased	<i> Mother</i>

CAUSES OF DEATH

Primary	<i>Erysipelas</i>	How long	<i>4 weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. H. Hopkins J. M. D.</i>	
Accident or Suicide?		Address	
<i>no.</i>		<i>New Market, Maryland.</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in

Full

Amelia Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bumswick</i>		County <i>Brederick</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1905</i>	<i>12</i>	<i>10</i>	<i>98</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>John Brooks</i>		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Wm Brooks</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Found dead 15 hrs. after being run in usual health</i>	How long
Immediate	<i>Heart failure (3)</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>John West</i>
		Address <i>Bumswick Brederick Co</i>
Accident or Suicide?		

Daniel Baker
Esquimaux Hall -
Baltimore
Md

Name
in
Full

Sarah Elizabeth Cary

CERTIFICATE OF DEATH

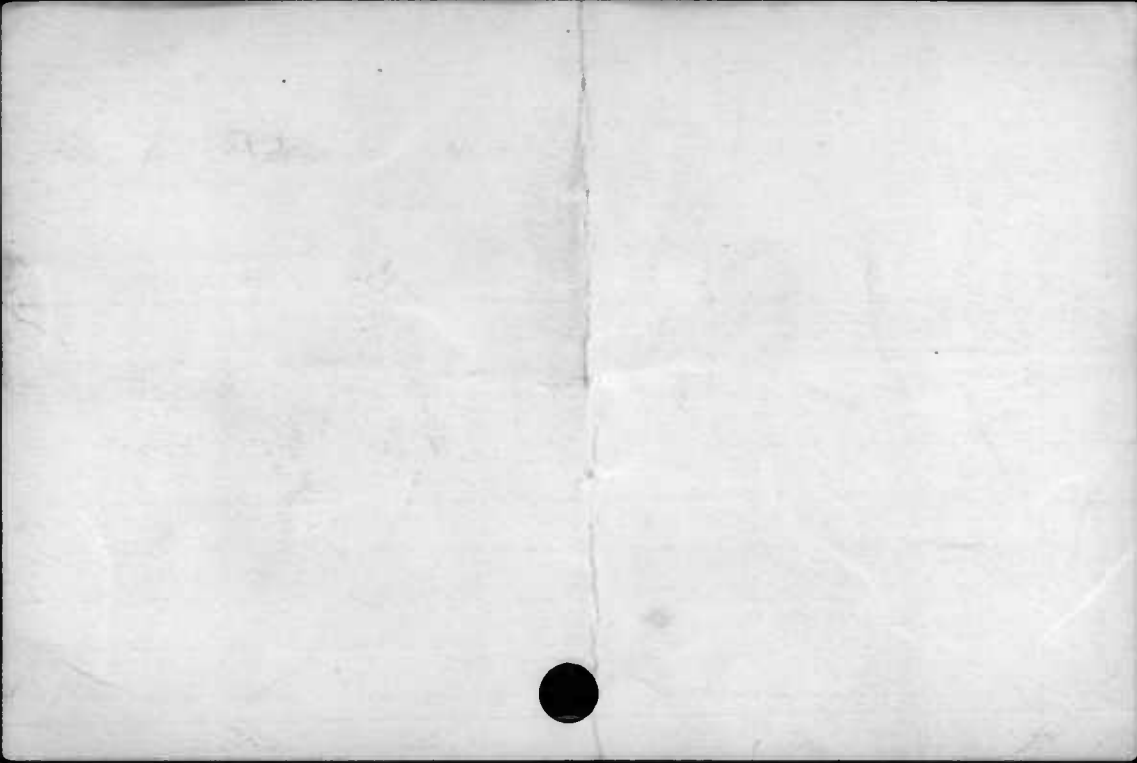
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodville</i> ^{Town}		<i>Fredrick</i> ^{County}		- MARYLAND	
Date of death 190 <i>5</i>	Month <i>Decbr.</i>	Day <i>19</i>	Age <i>54</i>	Years <i>3</i>	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>John F. Cary</i>					
Father's Name <i>John Stallings</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Josiah Shane</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer -</i>	How long <i>34 1/2 months</i>
Immediate <i>Exhaustion</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>Thomas P. Sapington M.D.</i>
	Address <i>Unionville, Maryland.</i>
Accident or Suicide?	



Name in Full		Fannie M. Clay				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		Place				
		Date of death 1905		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
Father's Name		Eso' M. Clay		Father's Birthplace		Maryland		
Mother's Maiden Name		Martha King		Mother's Birthplace		Guttyabug Pa.		
Name of person giving information		Mrs. Bettie Cordinger		How related to deceased		Sister		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Accident or Suicide?				Address		
				J. E. Brownell		Ind.		

412m 11 mas

Name
in
Full


CERTIFICATE OF DEATH

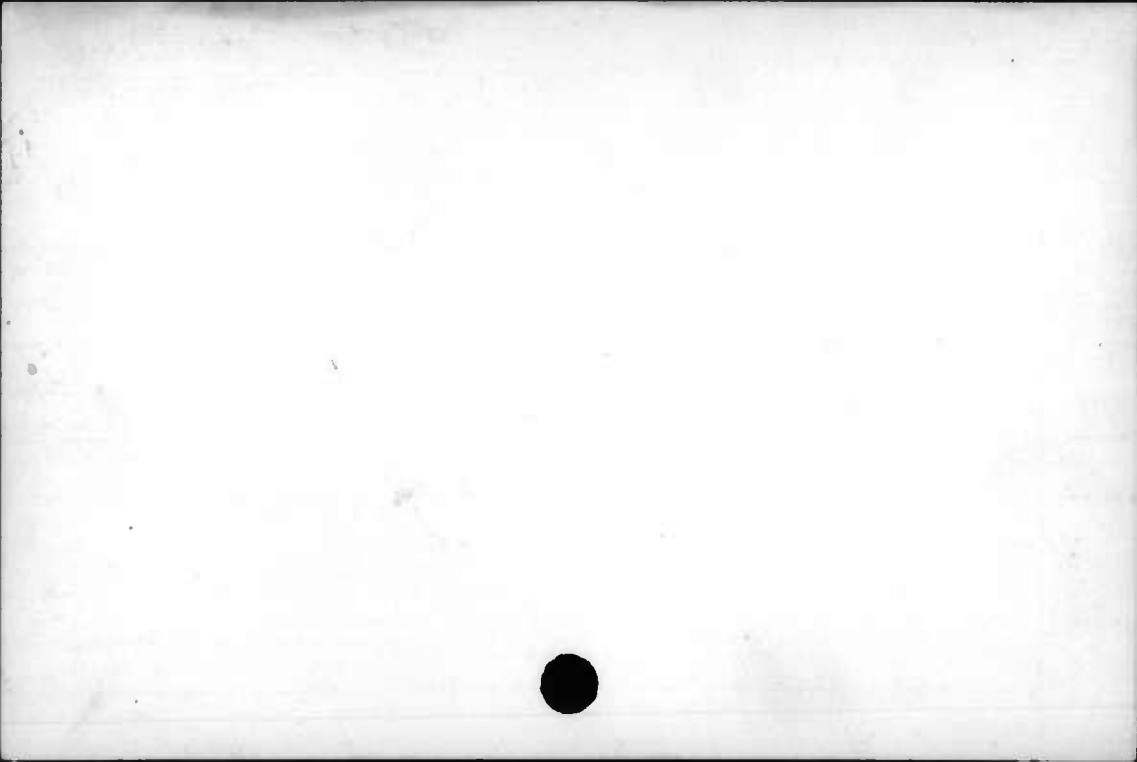
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W Brown</i>		Town <i>Malheur</i>		County <i>Stoddard</i>		State <i>MARYLAND</i>	
Died at <i>Malheur</i>		Month <i>Dec</i>		Day <i>1</i>		Years <i>83</i>	
Date of death <i>1905</i>		Months <i>5</i>		Days <i>1</i>		Age <i>83</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>County</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hedham</i>					
Father's Name <i>Henry Brown</i>		Father's Birthplace <i>Ca</i>					
Mother's Maiden Name		Mother's Birthplace <i>1</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>		How long <i>15 M</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. W. S. Brown</i>	
		Address 	
Accident or Suicide?			



Name
in
Full

Jacob V Cunningham

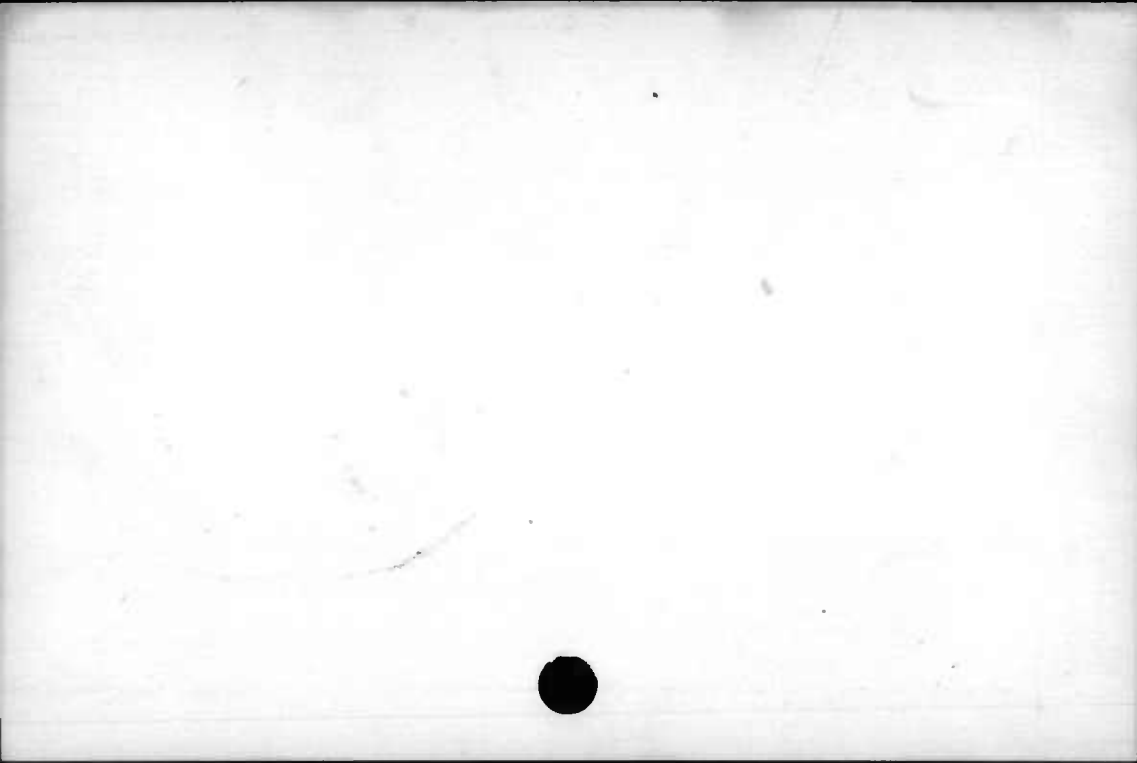
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick		Town Frederick		County Frederick		MARYLAND	
Date of death 1905		Month 12		Day 16		Age 66	
Sex Male		Color or Race White		Birth-place Petersburg Va		Months —	
Occupation Retired		Where Residing if not at place of death Lincoln Md		Years —		Days —	
Married Single or Widowed		Name of Wife or Husband Emma C Gron		Father's Birthplace Petersburg V		Mother's Birthplace —	
Father's Name Street Cunningham		Mother's Maiden Name —		Name of person giving information Mannaca Gron		How related to deceased Brother in Law	

CAUSES OF DEATH

Primary Intermittent Nephritis	How long Six or eight weeks
Immediate Angina Pectoris	How long a few hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. M. Johnson
	Address Frederick Md.
Accident or Suicide?	



Name
in
Full

Mary Little Davis

35

CERTIFICATE OF DEATH

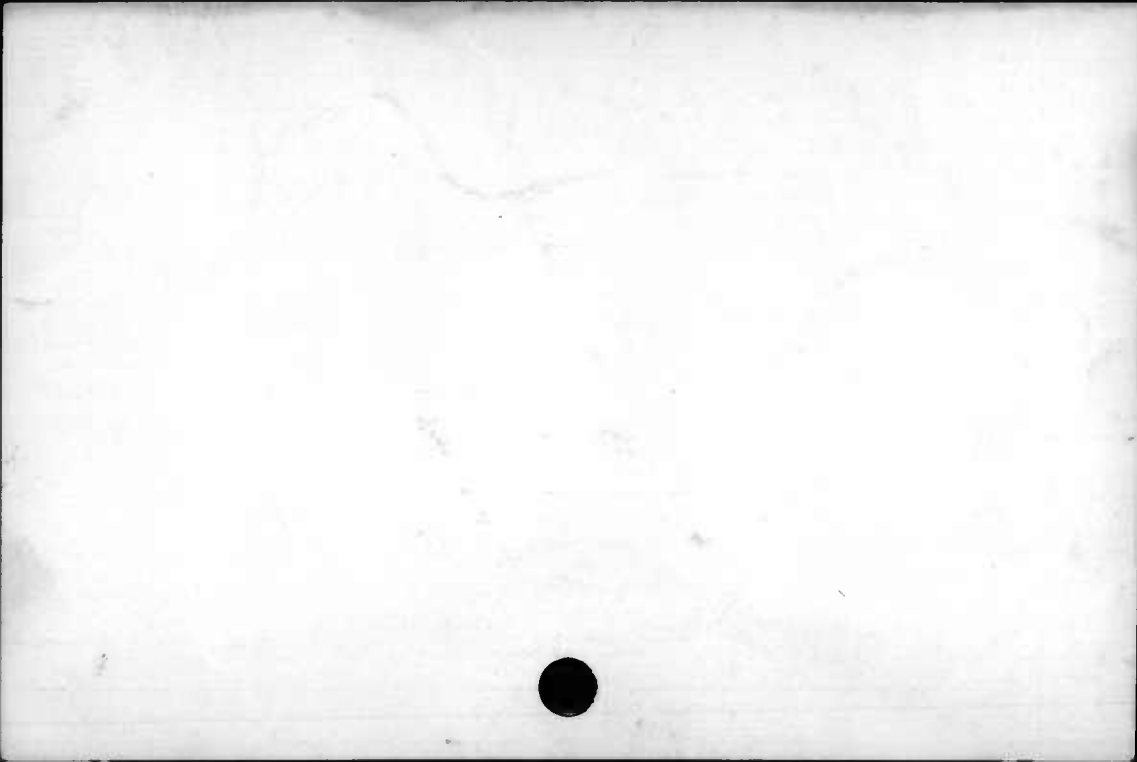
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bartholomew Street</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1905	Month	Dec.	Day	8	Age	30
Sex		Female		Color or Race		Colored	
Occupation		Domestic		Birth-place		md	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband <i>John Nelson Davis</i>			
Father's Name		<i>Upton Little</i>				Father's Birthplace <i>md</i>	
Mother's Name		<i>Mary Little</i>				Mother's Birthplace <i>md</i>	
Name of person giving information		<i>John Nelson Davis</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma</i>	How long	<i>Indefinite</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>L. Ulysses G. Howard</i>	
Address		<i>Frederick md</i>	
Accident or Suicide?			



Name
in
Full

Ira L. Dorcas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Frederick*

Town

Frederick

County

MARYLAND

Date
of death *1905*Month
*Dec*Day
5th

Age

Years

Months
*2*Days
*13*Sex *male*Color or
Race*white*Birth-
place*md*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Thomas M Dorcas*Father's
Birthplace*md*Mother's
Maiden Name*Maria L. Wachter*Mother's
Birthplace*md*Name of person giving
In formation*Thos M Dorcas*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Marasmus

How long

2 months

Immediate

Exhaustion

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Frank Hedges
Frederick md*

Accident or Suicide?



Name
in
Full

Lucy Dorsey

no. 37,

CERTIFICATE OF DEATH

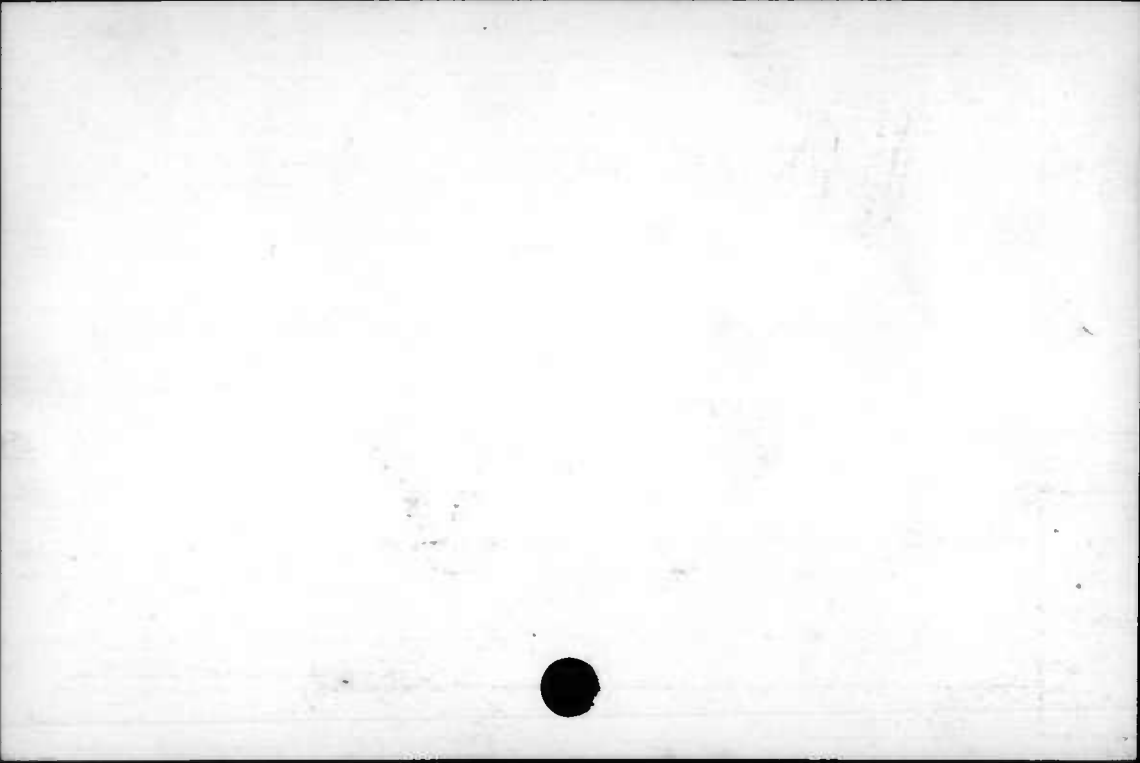
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Market</i>		Town <i>Frederica</i>		County		MAYLAND	
Date of death	1905	Month	12	Day	19	Years	Age 14
Sex	Female		Color or Race	Black		Birth-place	Frederick, Co. Md
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband —				
Father's Name			Abraham Dorsey			Father's Birthplace Maryland	
Mother's Maiden Name			Mary Gant			Mother's Birthplace "	
Name of person giving information			Jno. Gant			How related to deceased Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	2 weeks
Immediate	Cardiac Asthenia		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician H. H. Hopkins Jr.	
			Address New Market	
Accident or Suicide?		no	Frederick Co. Maryland	



Name
in
Full

Daniel Eby

CERTIFICATE OF DEATH

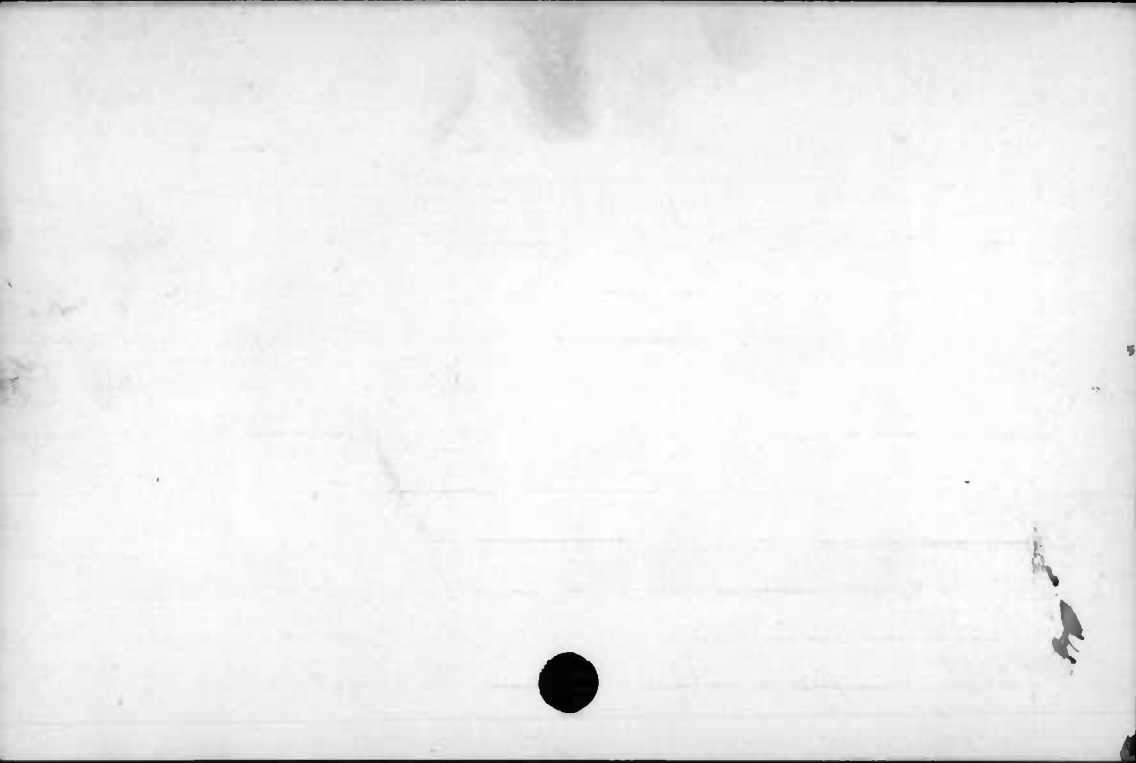
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sabillsville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>12</i>	Day <i>17</i>	Age	<i>73</i>	Months <i>7</i>	Days <i>24</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			<i>Laura Eby</i>			
Father's Name	<i>Emmanuel Eby</i>			Father's Birthplace	<i>Frederick Co</i>		
Mother's Maiden Name	<i>Calderidge Shank</i>			Mother's Birthplace			
Name of person giving information	<i>Ellen Shank</i>			How related to deceased	<i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	<i>Acute heart failure</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>C. L. Hachler</i>
		Address	<i>Sabillsville Md</i>
Accident or Suicide?			



Name
in
Full

Estworthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carl</u> <small>Town</small>		<u>Fredrick</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small>		<u>23</u> <small>Day</small>	<u>52</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>12</u> <small>Days</small>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>W.C.</u>	
Occupation <u>Housewife</u>		Where Residing If not at place of death			
Married, Single or Widowed <u>W</u>		Name of Wife or Husband <u>Anna Estworthy</u>			
Father's Name <u>James Ottora</u>		Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Mary J. Hamilton</u>		Mother's Birthplace <u>Baltimore Md</u>			
Name of person giving information <u>Anna Estworthy</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma Uterine</u>	How long <u>2 yrs.</u>
Immediate <u>Asphyxia</u>	How long <u>6 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. M. C. Leary</u>
	Address <u>1514 E. Pat. St.</u>
Accident or Suicide?	

Malinda Louisa Emworthy

Wt. Clint

L. C. B. anty

Name in Full		26. Gravit Freshour				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>Brewistown</i>		^{County} <i>Frederick</i>		MARYLAND	
		Date of death <i>1905 Dec 23</i>		Age <i>40</i>		Months <i>9</i>	Days <i>—</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katy Main</i>			
		Father's Name <i>Geo H. Freshour</i>		Father's Birthplace <i>md</i>			
		Mother's Maiden Name <i>Julia Bae</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Personal Knowledge</i>		How related to deceased <i>Health Officer</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Leukemia</i>		How long <i>3 yrs</i>			
		Immediate <i>Neeroma</i>		How long <i>10 days</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J E A Miller</i>			
				Address <i>Frederick</i>			
Accident or Suicide?		<i>md</i>					



Name in Full		Fulton / M M / Frederick				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Halkersville</i>		Town <i>Halkersville</i>		County <i>Frederick</i>		MARYLAND
	Date of death 1905	Month <i>12</i>	Day <i>23</i>	Age <i>still born</i>	Years	Months	Days
	Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Halkersville</i>			
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name <i>Newton Fulton</i>			Father's Birthplace <i>Halkersville</i>			
	Mother's Maiden Name <i>Carrie Stauffer</i>			Mother's Birthplace <i>"</i>			
	Name of person giving information <i>J. D. Nicodemus</i>			How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Underdeveloped brain</i>			How long			
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Dr. T. E. R. MILLER</i>			
				Address <i>FREDERICK, MD.</i>			
	Accident or Suicide?						



Name
in
Full

Lucretia Garner

CERTIFICATE OF DEATH

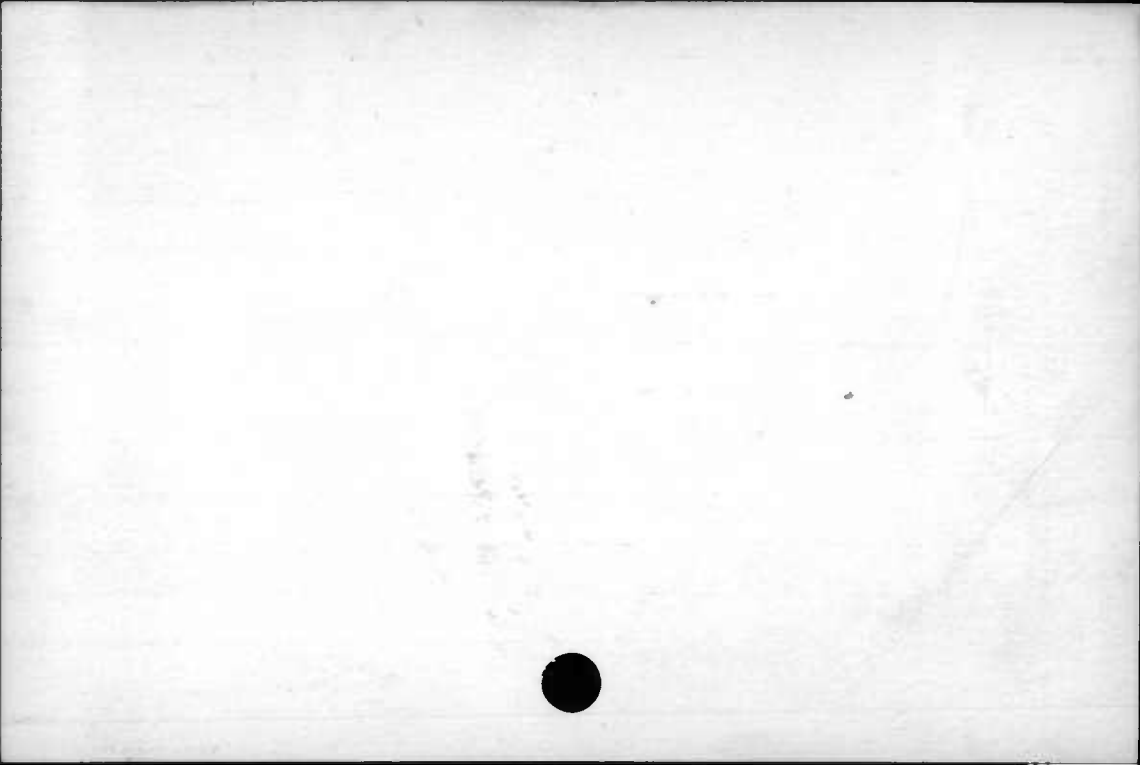
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emergency Hos. Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1905</i>	<i>Dec</i>	<i>18</i>	<i>61</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>		
Occupation <i>H' wife</i>	Where Residing if not at place of death <i>Frederick Co</i>				
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>Adam Garner</i>				
Father's Name <i>Jacob Birchard</i>	Father's Birthplace <i>Pawtucket</i>				
Mother's Maiden Name <i>Eliza Sidwell</i>	Mother's Birthplace <i>Frederick Co</i>				
Name of person giving information <i>Wm. M. Garner</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Strangulated Hernia</i>	How long <i>7 days -</i>
Immediate <i>Exhaustion</i>	How long <i>7</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Franklin B. Smith</i>
	Address <i>Frederick</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

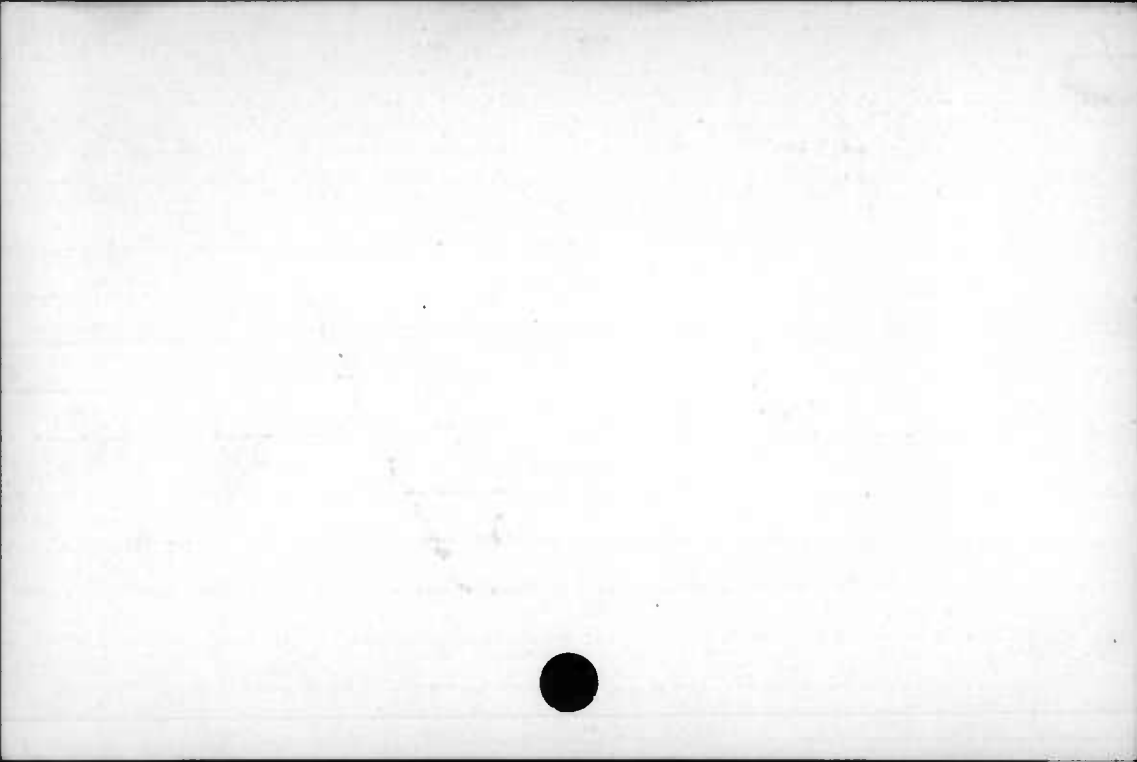
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. H. Gladhill</i>		Town <i>Sabillasville</i>		County <i>Frederick</i>		MARYLAND					
Died at		Month <i>Dec.</i>		Day <i>6</i>		Years <i>73</i>		Months <i>9</i>		Days <i>3</i>	
Date of death <i>1905</i>		Age <i>73</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place		Where Residing if not at place of death	
Occupation		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Gladhill</i>		Father's Name		Father's Birthplace		Mother's Maiden Name	
Name of person giving In formation		How related to deceased									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>		How long <i>1 day</i>	
Immediate <i>Coma</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. L. Wachter</i>	
Yes		Address <i>Sabillasville Md.</i>	
Accident or Suicide?			



Name
in
Full

Jonathan C. Grams
Burkittsville Friedberg

CERTIFICATE OF DEATH

MARYLAND

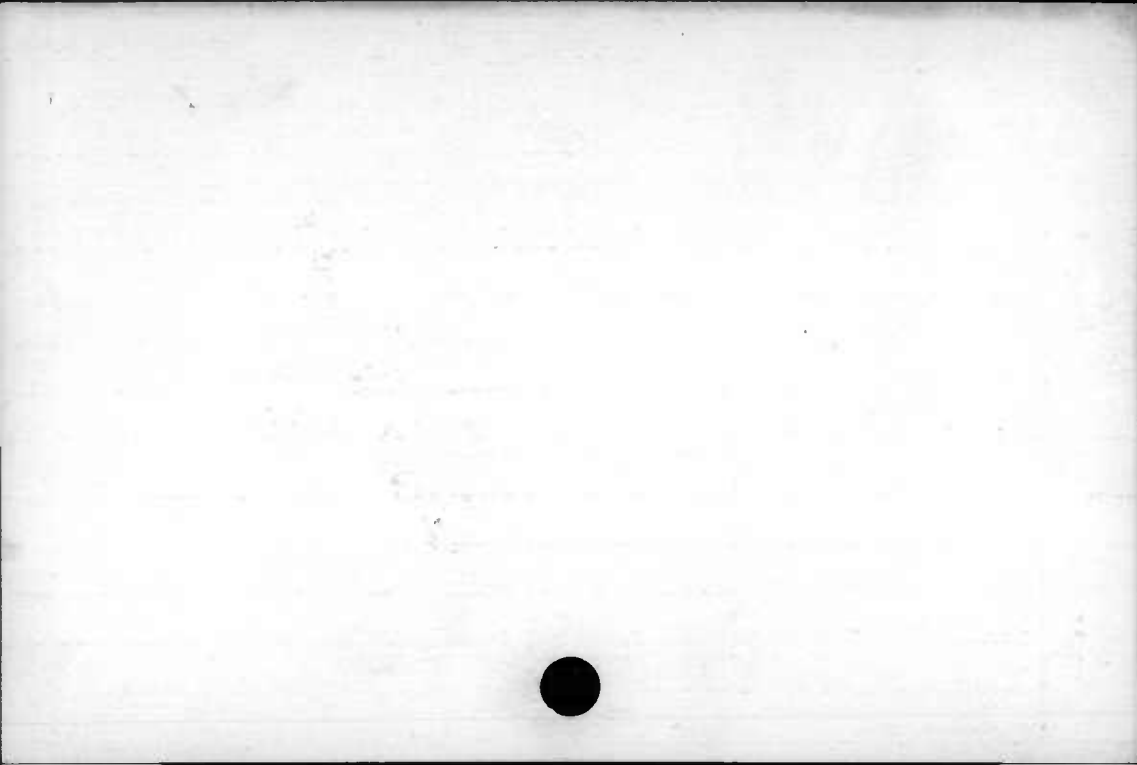
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1905		Dec	12	Age 60	6	6
Sex	Male	Color or Race	White	Birth-place	Burkittsville Md	
Occupation	Retired laborer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lydia A. Grams			
Father's Name	John H. Grams			Father's Birthplace	Germany	
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	Lydia Grams			How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation & Cardiac Hypertrophy		How long	one year
Immediate	Cerebral Hemorrhage		How long	34 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Yes [Signature]		
		Address		
		Burkittsville Maryland		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Catletia Furnace* *Thedk*Date of death *1905* *Nov* *23* Age *89* Months DaysSex *male* Color or Race *white* Birth place *Thedk Co*Occupation *~* Where Residing if not at place of deathMarried, Single or Widowed *widower* Name of Wife or Husband *Martha Porter*Father's Name *Frank Green* Father's Birthplace *md*Mother's Maiden Name *Elizabeth Barber* Mother's Birthplace *md*Name of person giving information *Mrs. Elizabeth* How related to deceased

CAUSES OF DEATH

Primary *Carcinoma of* *39* How long *8 years*Immediate *Amputation* How long *1 yr -*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. Morris A. Smith*Address *Thedk Co*Accident or Suicide? *~*

Interment to
be at Fxville, Ind

Name
in
Full

Robert Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Knorrville</i>			County <i>Frederick</i>			MARYLAND		
Date of death	1905	Month <i>Dec</i>	Day <i>16</i>	Age	Years <i>1</i>	Months <i>0</i>	Days	
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>	
Occupation	<i>—</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband					
Father's Name			Father's Birthplace					
Mother's Maiden Name			Mother's Birthplace			<i>Ind</i>		
Name of person giving information			How related to deceased			<i>brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John West</i>	
		Address	
		<i>Frederick Ind</i>	
Accident or Suicide?			



Name
in
Full*Robert Haller*

CERTIFICATE OF DEATH

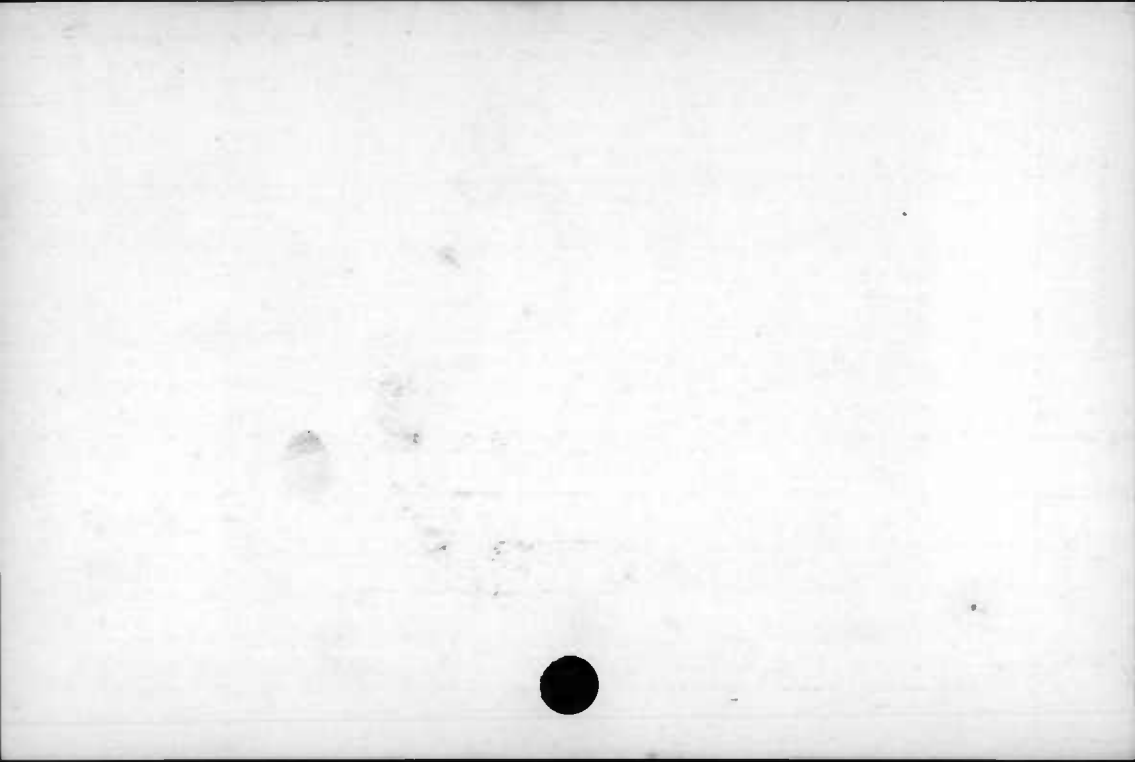
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montrose</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>20</i>	Age <i>35</i>	Months	Days
Sex <i>Male</i>	Color or Race		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Loxice Gaslin Asthma</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lysons</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Ans.</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Patrick Harkins* Town *Summitburg* County *Frederick*

Died at *Summitburg*

Date of death *1905* Dec *17* Age *22* Months *6* Days

Sex *Male* Color or Race *White* Birth-place *Ohio*

Occupation *Teacher* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Harkins* Father's Birthplace

Mother's Maiden Name *Bidget McDevmont* Mother's Birthplace

Name of person giving information *Rev Dr Flynn* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *La Grippe* How long *Two weeks*

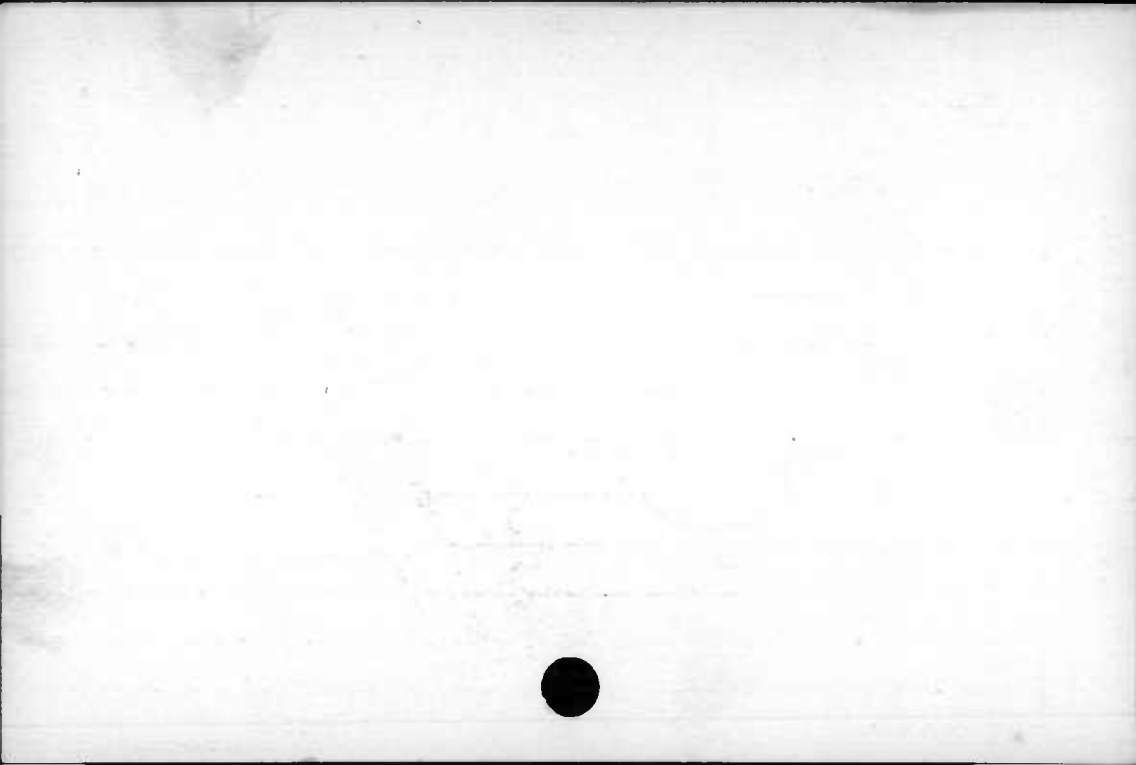
Immediate *Myocarditis* How long *Five days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

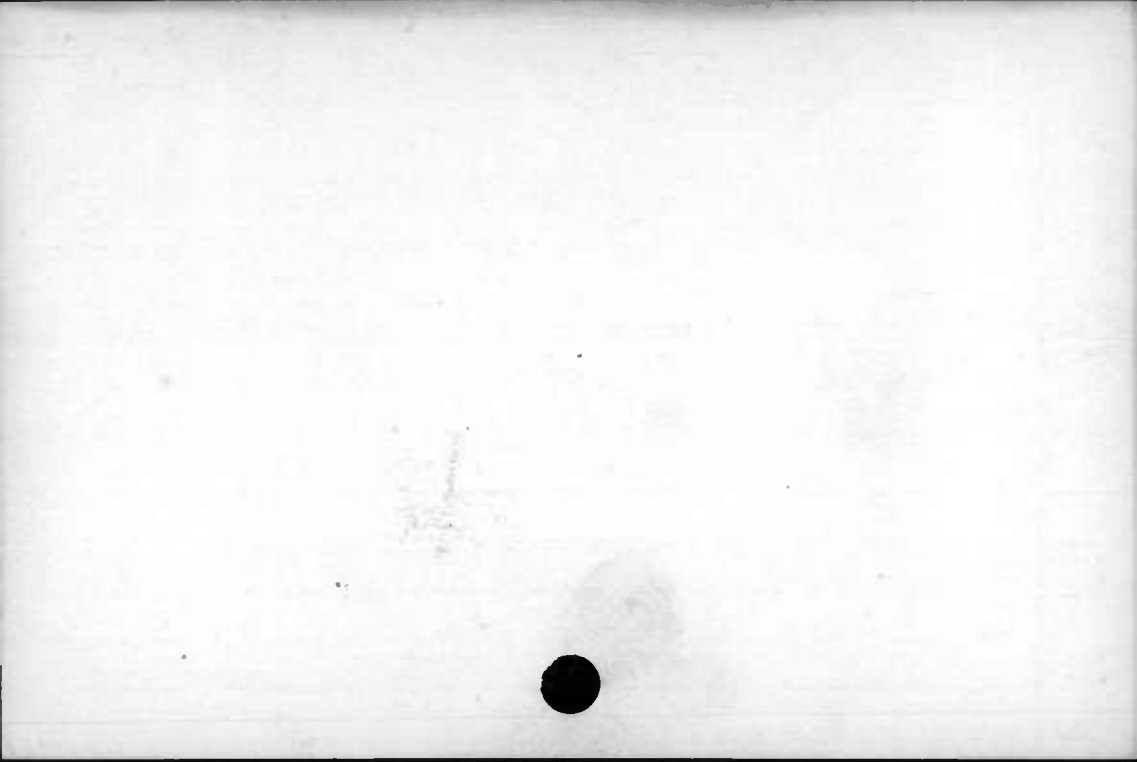
Signature of Physician *John B. Brannan*

Address *Summitburg, Md*

Accident or Suicide?



Name in Full		James Heizer		34,		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND	
		Died at		Towson		Annapolis	
		Date of death		1905		Dec.	
		Day		3		Age	
		Months		Years		Days	
Sex		Male		Color or Race		White	
Occupation		None		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Mother's Maiden Name		Martha Heizer		Mother's Birthplace		How related to deceased	
Name of person giving information		James B. Runkles		None		None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Membranous Croup		How long	
		Immediate		None		3 days	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		None		R. B. Randle, Undertaker	
Accident or Suicide?		New Market, Ind.		None		None	



Name
in
Full

Alice Gertrude Hitselberger

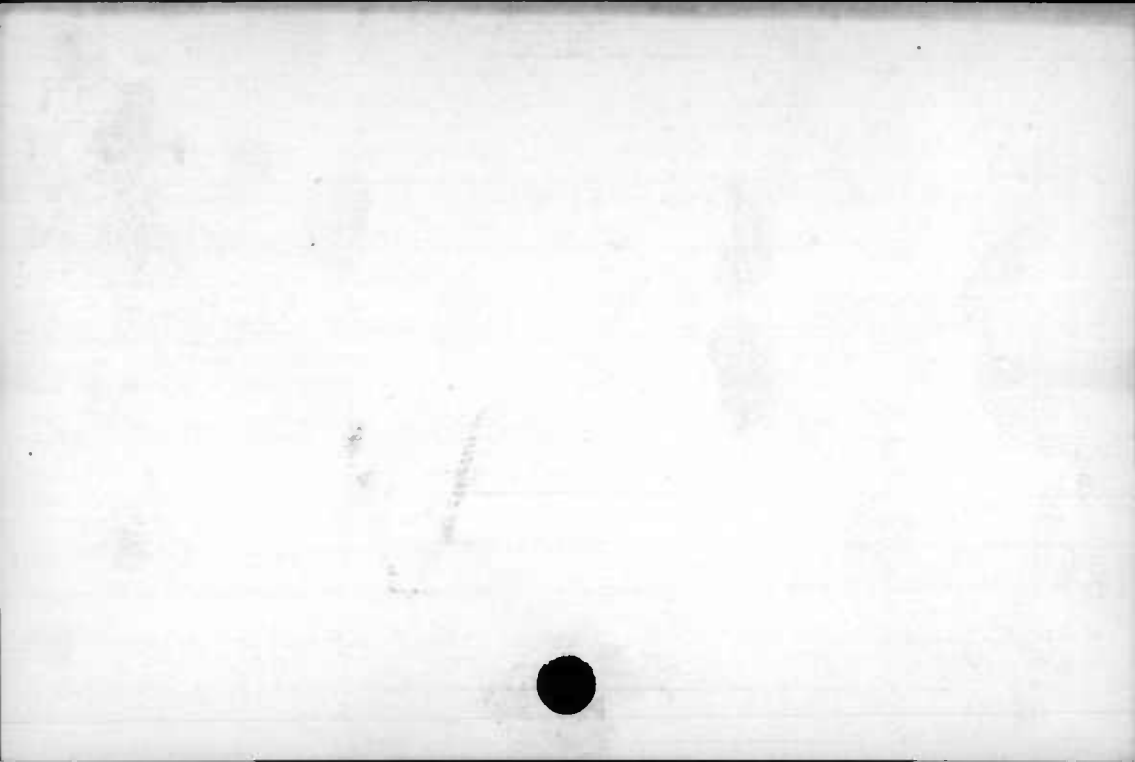
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>12</i>	Day <i>7</i>	Age <i>29</i>	Years <i>29</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>City</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas. C. Hitselberger</i>					
Father's Name <i>E. H. Biggs.</i>		Father's Birthplace <i>F. Co. Md</i>					
Mother's Maiden Name <i>Clara Nuss</i>		Mother's Birthplace <i>City</i>					
Name of person giving information <i>Mrs. Biggs.</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Abortion</i>	How long <i>Two Wks.</i>
	Immediate <i>Hruenhage & Phuc</i>	How long <i>for several days</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Johnson M.D.</i>
		Address <i>Frederick - Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

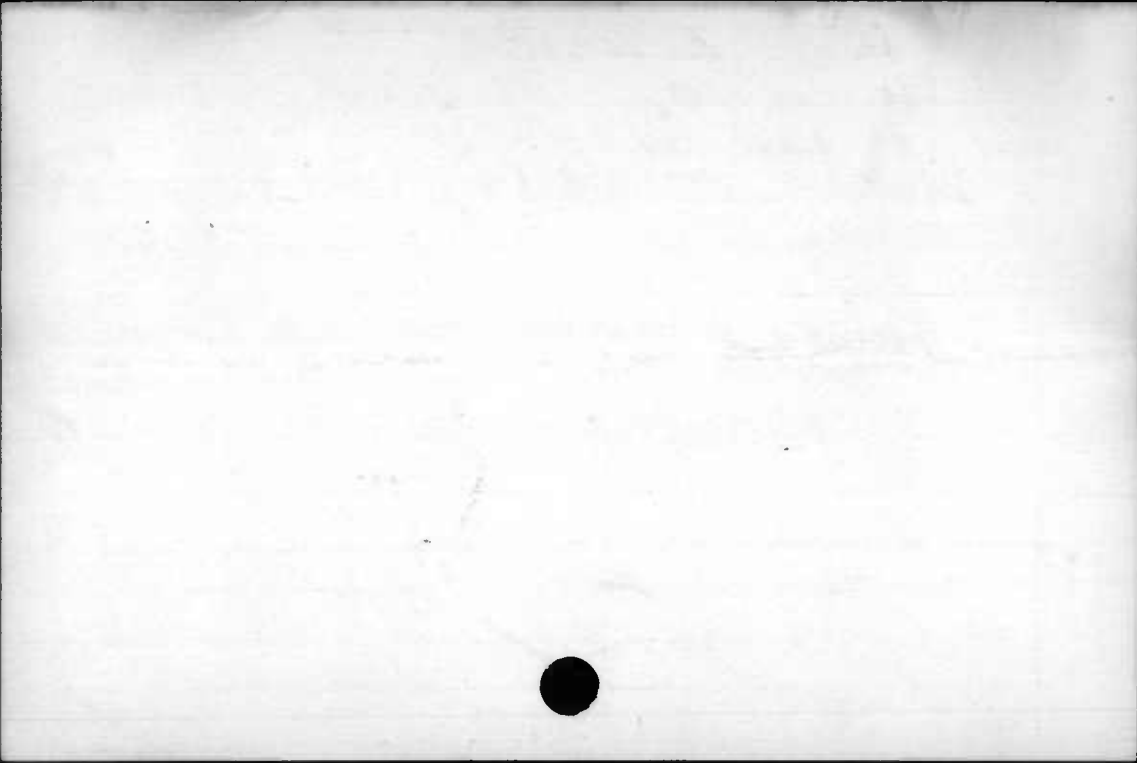
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Celestina Howard</i>		Town <i>Flint Hill</i>		County <i>Frederick</i>		MARYLAND									
Died at <i>Flint Hill</i>		Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>18th</i>		Age <i>5</i>		Years <i>5</i>		Months <i>4</i>		Days	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Md.</i>											
Occupation <i>_____</i>								Where Residing if not at place of death <i>_____</i>							
Married, Single or Widowed <i>_____</i>								Name of Wife or Husband <i>_____</i>							
Father's Name <i>Clifton B. Howard</i>								Father's Birthplace <i>Md.</i>							
Mother's Maiden Name <i>Mary Gray</i>								Mother's Birthplace <i>Md.</i>							
Name of person giving information <i>Clifton B. Howard</i>								How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>		How long <i>Indefinite</i>	
Immediate <i>Uræmia</i>		How long <i>Two days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. G. Bourne</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide?			



Name
in
Full

Harry Kidwell

CERTIFICATE OF DEATH

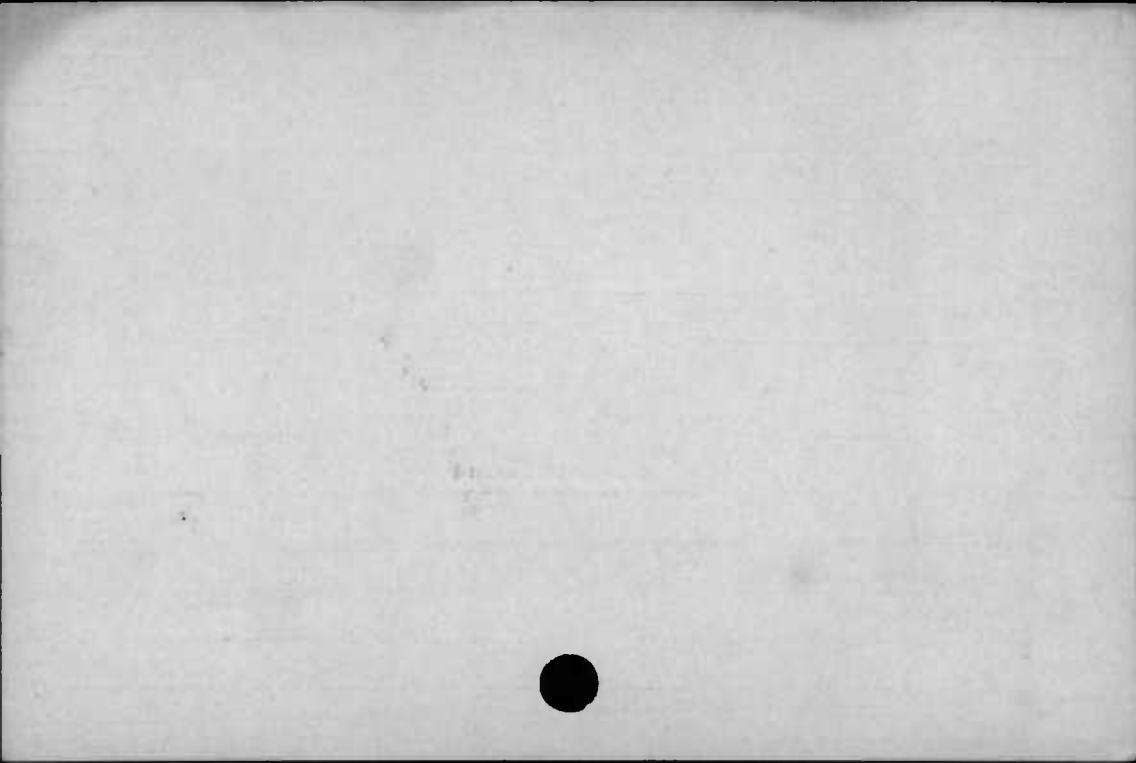
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brunswick		^{County} Fredrick		MARYLAND	
Date of death	1905	Month	12	Day	31
		Age	21	Years	6
				Months	12
Sex	Male		Color or Race	White	
Birth-place	Virginia				
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed		Single			
Name of Wife or Husband		—			
Father's Name	James Kidwell			Father's Birthplace	Virginia
Mother's Maiden Name	Mollie Cooper			Mother's Birthplace	Virginia
Name of person giving information	George W Kidwell			How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Killed by Cars	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H S Hedges
Yes		Address	Brunswick
			Mo
Accident or Suicide?			



Name
in
Full

Infant

1 day old

King County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Dec</i>	Day	<i>11</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Years	<i>1</i>
Occupation <i>—</i>		Birth-place <i>Ind</i>		Months	
Where Residing if not at place of death					
Married, Single or Widowed <i>—</i>		Name or Wife or Husband <i>—</i>			
Father's Name <i>John Kuntley King</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Laura Cathrine Haeble</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Laura Cathrine King</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>collapse six</i>	How long	<i>2 hours</i>
Immediate	<i>u</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Louis West</i>
		Address	<i>Frederick Co</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

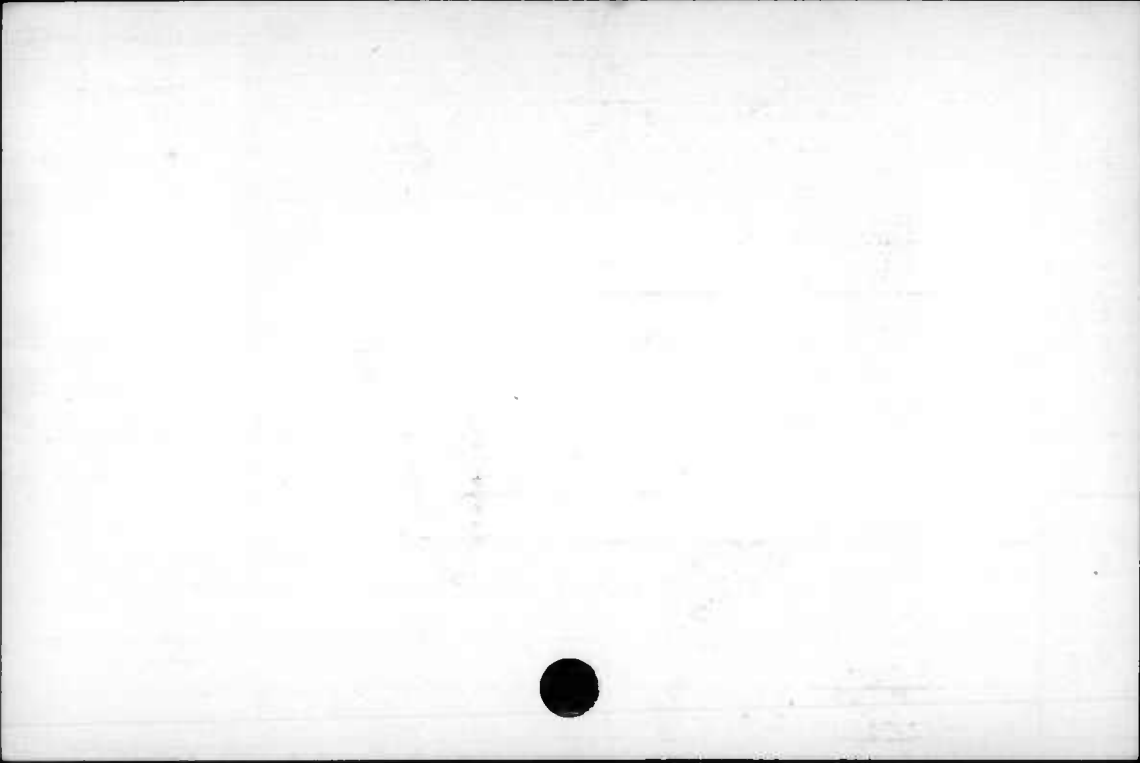
TO BE ANSWERED BY
NEAREST FRIENDDied at *Overfield on Lantz P.O. Frederick* County

MARYLAND

Date of death *1905* Month *Dec* Day *30* Age *56* Months *4* Days *21*Sex *Male* Color or Race *White* Birth-place *Frederick Co, Md*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Mary S. Dressler*Father's Name *John Lantz* Father's Birthplace *Taunton Co. Pa*Mother's Maiden Name *Julia Buhman* Mother's Birthplace *Adams Co. Pa*Name of person giving information *Mary S. Lantz* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Asthma & Bronchitis.* How long *30 years.*Immediate *Broncho - Pneumonia & Heart-failure* How long *5-days.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *E. C. Kefauver*Address *Thurmont, Md.*Accident or Suicide? *—*



Name
in
Full

Peter Leatherman

CERTIFICATE OF DEATH

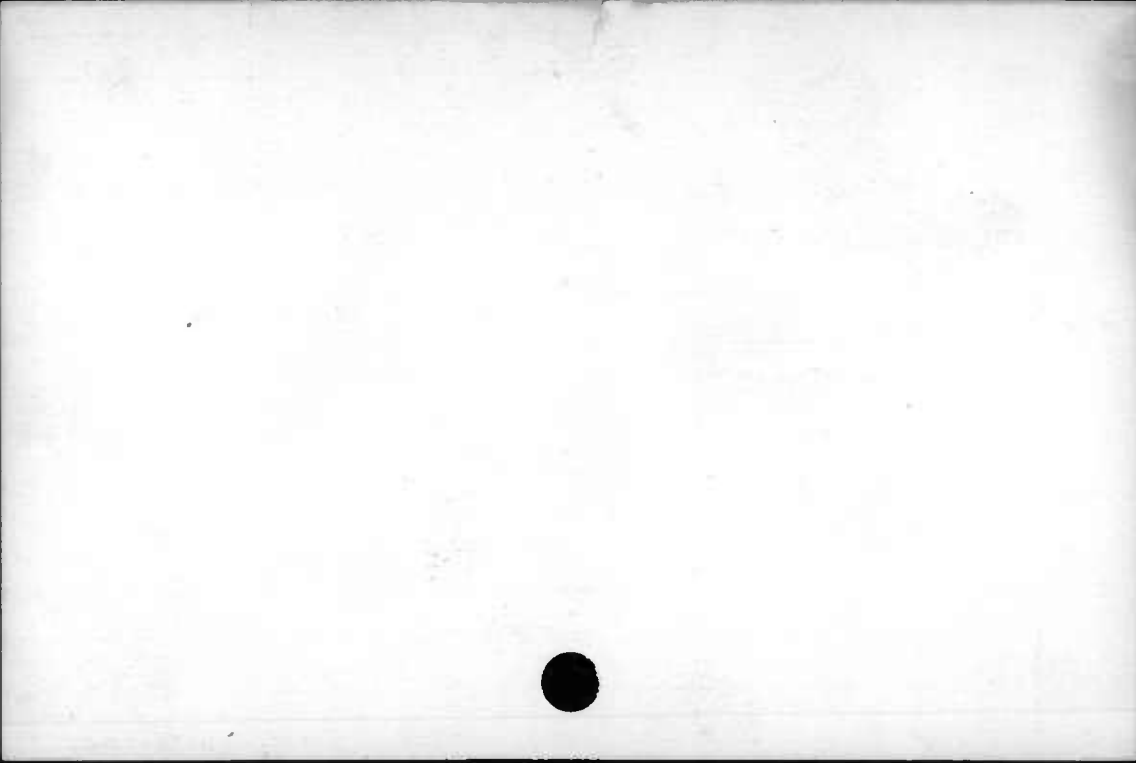
TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} Meyersville		^{County} Frederick		MARYLAND	
Date of death	1905	Month	Dec.	Day	27
Sex	Male	Age	74	Years	2
Color or Race	White	Birth-place	Fred. Co	Months	—
Occupation	Farmer	Where Residing if not at place of death	Fred. Co	Days	—
Married, Single or Widowed	Married	Name of Wife or Husband	Julia Bowler		
Father's Name	Jacob Leatherman	Father's Birthplace	Fred Co.		
Mother's Maiden Name	Susan Harp	Mother's Birthplace	" "		
Name of person giving information	Mrs. Peter Leatherman	How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Purulent Cystitis	How long	14 days
Immediate	Septicemia (Autotox)	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Davis
		Address	Bonoboro Md
Accident or Suicide?			



Name
in
Full

Julia Amanda Liggitt

CERTIFICATE OF DEATH

Died at ^{Town} Walkersville^{County} Ford

MARYLAND

Date
of death 1906Month
12Day
5

Age

Years
59

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Walkersville

Occupation

Housework

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Divorced

Father's
Name

Henry R. Harris

Father's
Birthplace

Carroll Co. Md.

Mother's
Maiden Name

Clarissa Barrick

Mother's
Birthplace

Ford Co.

Name of person giving
In formation

J. H. Wagner

How related
to deceased1st marriage
by a

CAUSES OF DEATH

Primary

Paralysis

How long

2 yrs 4 mos

Immediate

Malnutrition

How long

3 1/2 mos.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

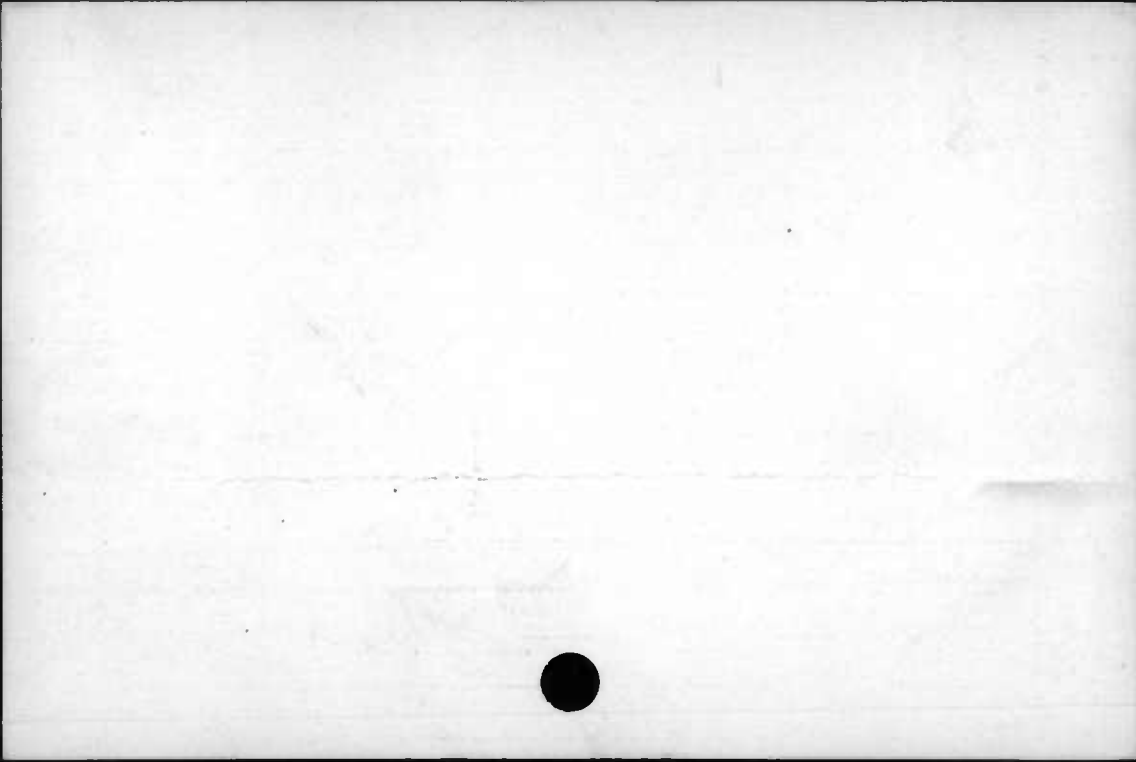
W. H. Kahle

Address

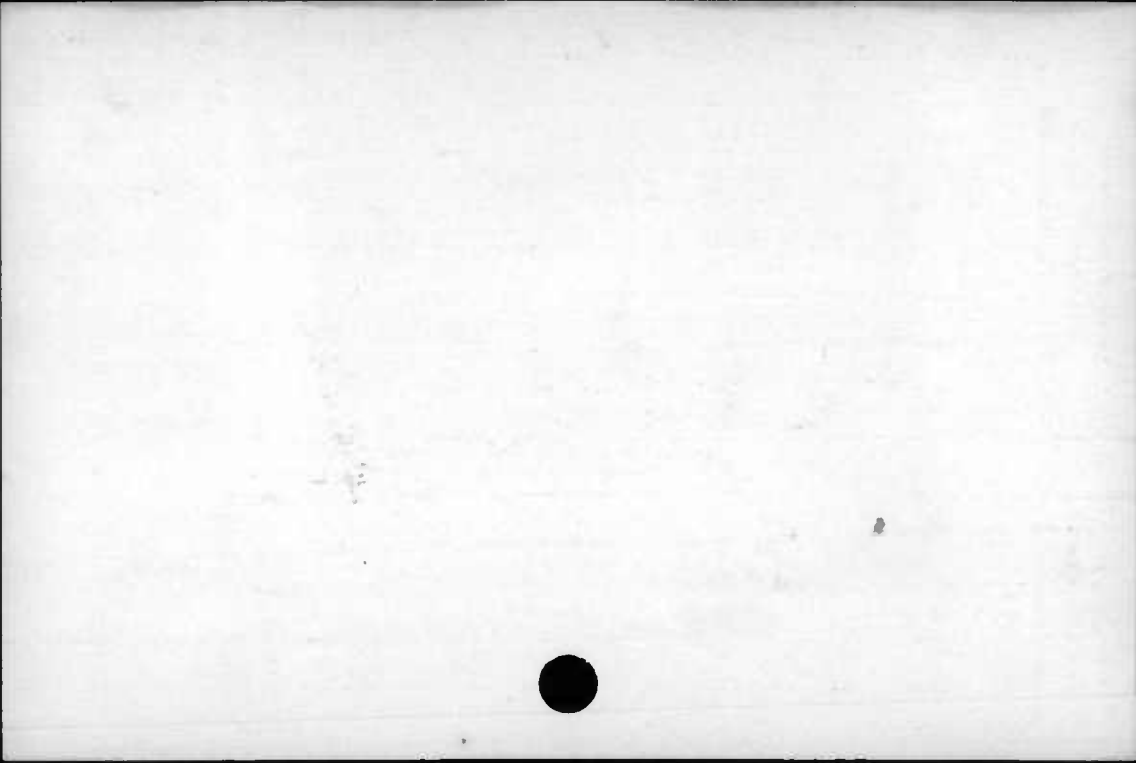
Woodboro, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		John Robert Long				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Emmitsburg</i>		Town <i>Frederick</i>		County	
		Date of death <i>1905</i>		Month <i>12</i>	Day <i>12</i>	Age	Years
		Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>9</i>	Days <i>23</i>
		Occupation		Where Residing if not at place of death		Birth-place <i>Emmitsburg Md.</i>	
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name <i>Charles Edward Long</i>		Father's Birthplace <i>Emmitsburg Md.</i>			
		Mother's Maiden Name <i>Mary Alice Slagle</i>		Mother's Birthplace <i>Harris Co. Pa.</i>			
		Name of person giving information <i>Mrs John Long</i>		How related to deceased <i>Grandmother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Diarrhea</i>		How long <i>4 days</i>			
		Immediate <i>Convulsions</i>		How long <i>3 hours</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Richardberger</i>			
				Address <i>Emmitsburg Md.</i>			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *James B. McClellain* - Town *Urban* County *Frederick*

Died *in* *Urban* *Frederick*

Date of death *1905* Month *Dec.* Day *23rd* Age *50* Months *2* Days *8*

Sex *Male* Color or Race *White* Birth-place *Frederick*

Occupation *Laborer* Where Residing if not at place of death *Frank Gaither's*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Joshua W. Laine* Father's Birthplace *W. Va.*

Mother's Maiden Name *Lidia Baker* Mother's Birthplace *W. Va.*

Name of person giving information *Edward W. Laine* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

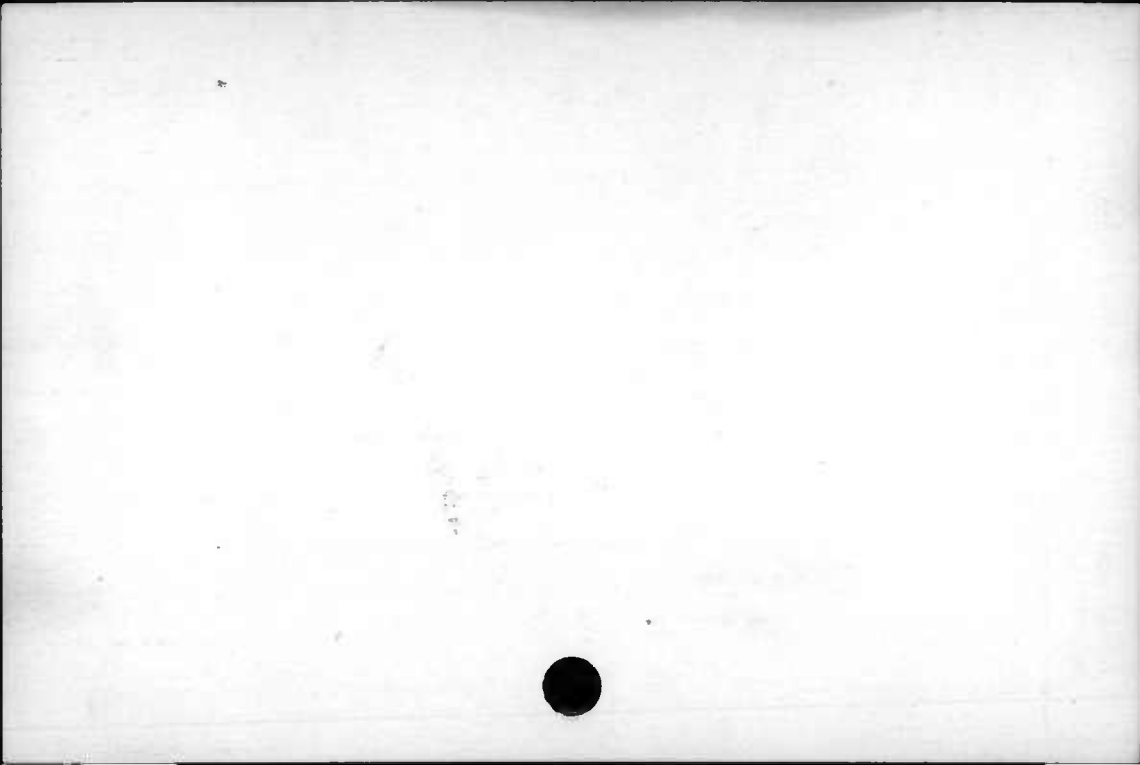
Primary *Alcoholic Intoxication* How long

Immediate *Apoplexy* How long *Sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. E. Mullins* Address *Urban - Maryland*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Jerome Mills
Burkittsville

Town

Fredrick
County

Date

of death 1905

Month

Dec

Day

24

Age

Years

20

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Baltimore

Occupation

Waiter

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Mary C. Mills

Mother's
BirthplaceName of person giving
Information

Geo. Whalen

How related
to deceased

Not related

CAUSES OF DEATH

Primary

Tuberculosis

How long

Five months

Immediate

Tuberculosis

How long

Five months

Are the name, age, sex, color, date
and place correctly given above?

Yes

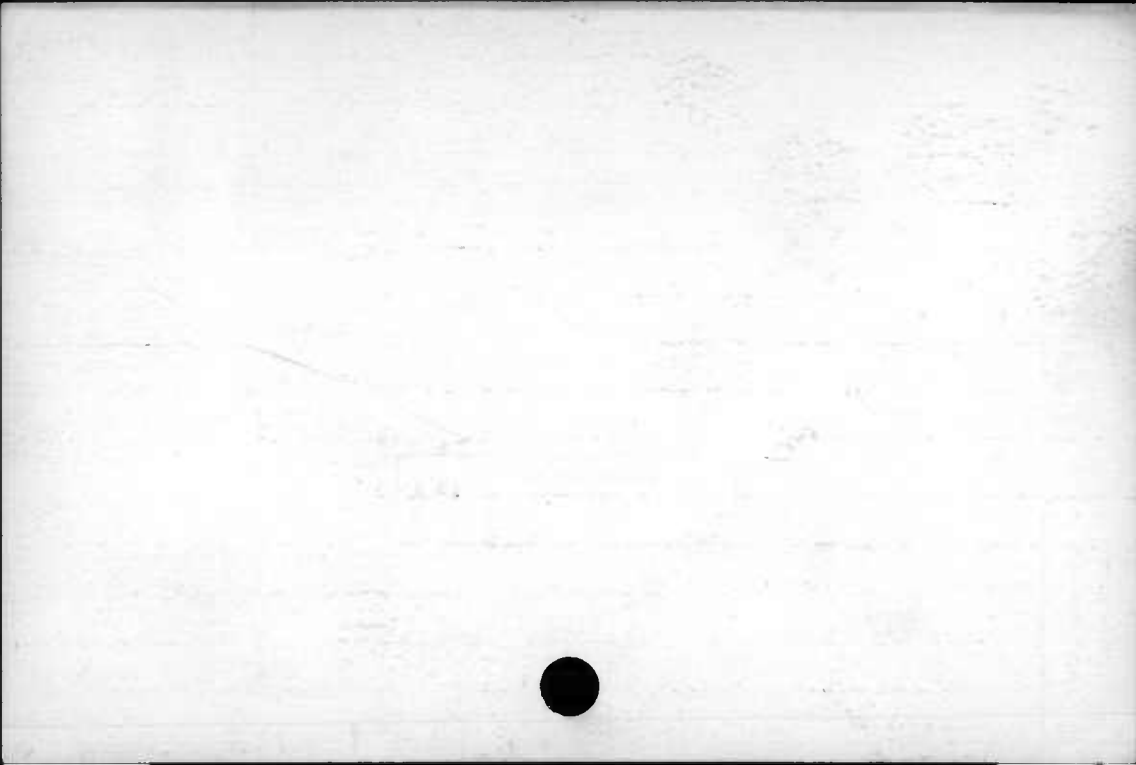
Signature of
Physician

Address

Lester Youstee
Burkittsville
Maryland.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

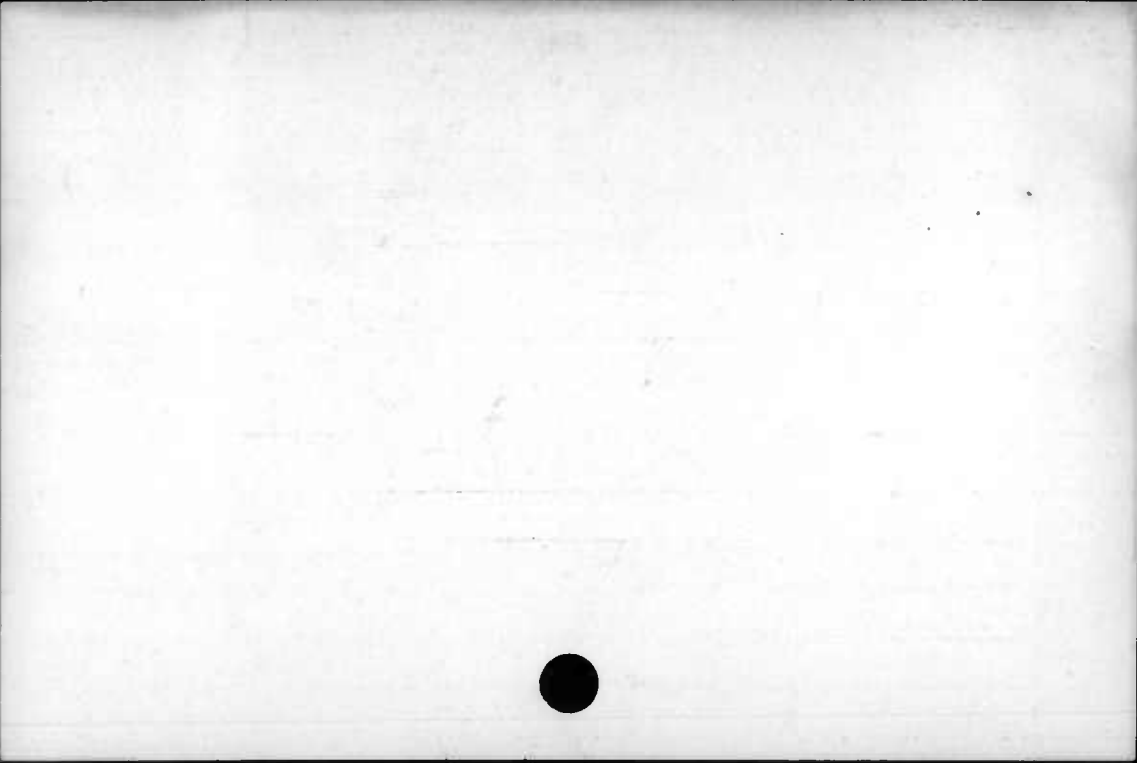
MARYLAND

Name *John Henry Moser*
Died at *Ellerton* Town *Fredricks* County
Date of death *1905* Month *12* Day *6* Age *71* Years Months *6* Days *18*
Sex *Male* Color or Race *White* Birth-place *Fredricks Co.*
Occupation *Carpenter* Where Residing if not at place of death *Ellerton*
Married, Single or Widowed *Married* Name of Wife or Husband *Amanda Moser*
Father's Name *Samuel Moser* Father's Birthplace *Fredricks Co. Md.*
Mother's Maiden Name *Mary Nestler* Mother's Birthplace *Fredricks Co. Md.*
Name of person giving information *Amanda Moser* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral Regurgitation* How long *5 years*
Immediate *Edema of Lungs* How long *1 week*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ralph Browning*
Address *Myersville, Md.*
Accident or Suicide?



Name In Full

Certificate of Death

Martha Moser

Town

County

Died at near Emmitsburg Frederick MARYLAND

Date 19 05 12 8 Age 89-8-21 M. D. Native of Md Occupation Retired

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of William Moser
 Wife

Father's Name Geo Gangh Mother's Maiden Name

Cause of Death Primary Informative of old age

How long sick

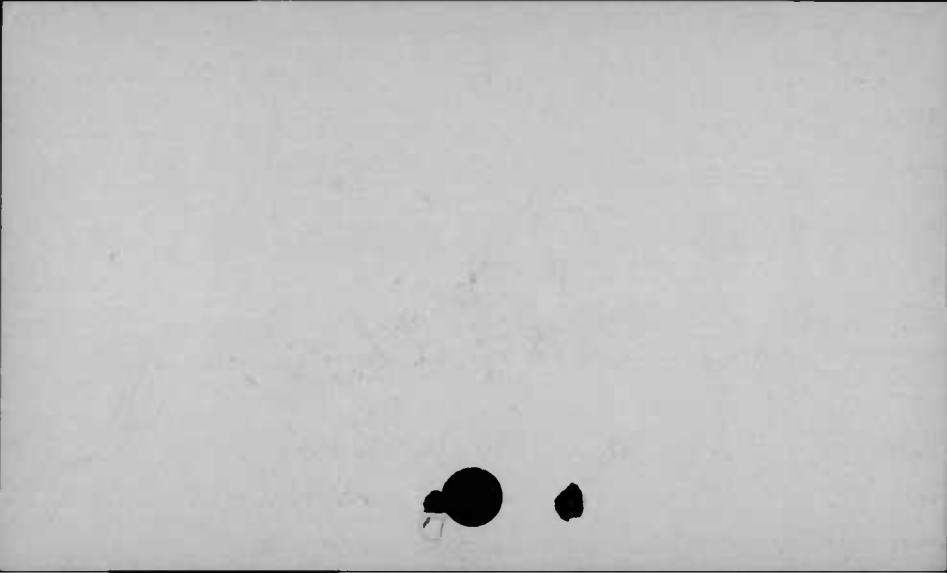
Accident, Suicide, Homicide

Reported by Robert L. Arman

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name
in
Full

Anna M. Hall

CERTIFICATE OF DEATH

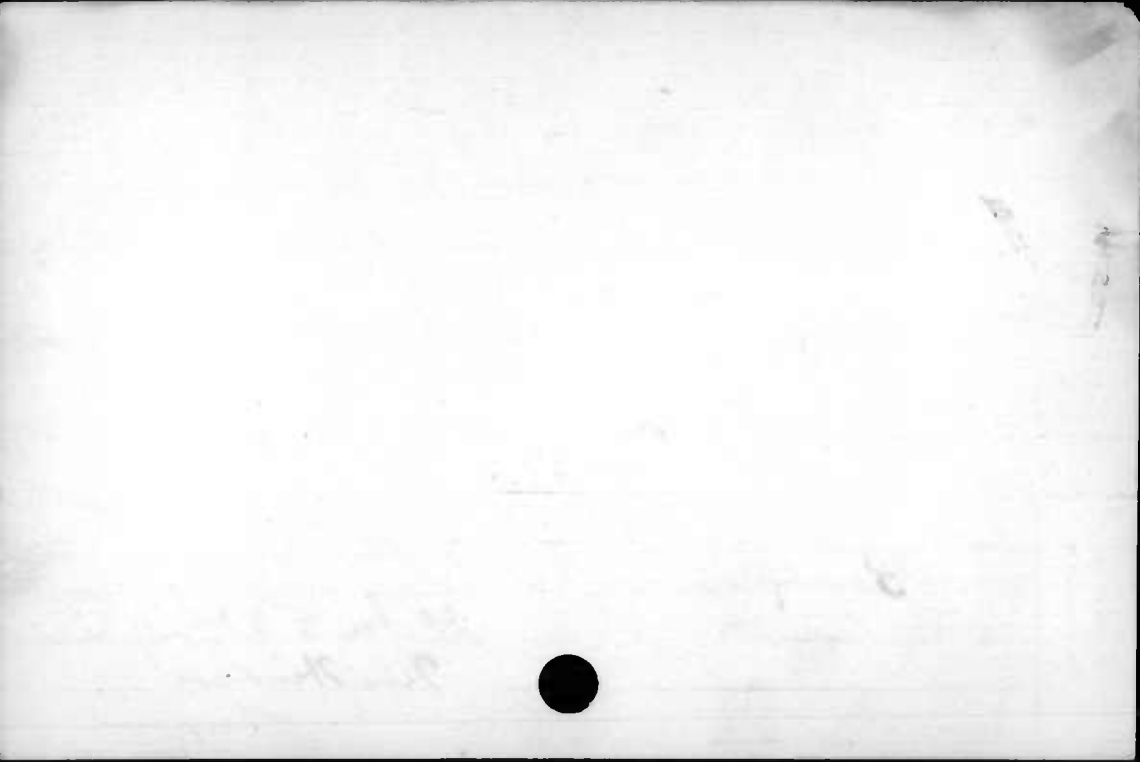
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tharment		County Frederick		MARYLAND	
Date of death		1905	Month Dec	Day 14	Age 74	Years 4	Months 14
Sex Female		Color or Race White		Birth-place Kent Know			
Occupation Retired		Where Residing if not at place of death Residing with daughter					
Married, Single or Widowed		Name of Wife or Husband Wm Hall					
Father's Name George Mayne		Father's Birthplace Middleton					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information Jimmie Beeze		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart & Kidneys	How long one year
Immediate Paralysis	How long one hour
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician James H. Walters
	Address Tharment Md
Accident or Suicide?	



Name
in
Full

Thomas Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Oak Orchard* Town

Frederick County

Date of death *1905 Dec* MonthDay *18*Age *86* Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Ind*

Occupation

*carpenter*Where Residing if not
at place of death*Oak Orchard*Married, Single
or Widowed*M*Name of Wife or
Husband*Emma A Page*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information*Dr. E. Whitehill*How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Paralysis

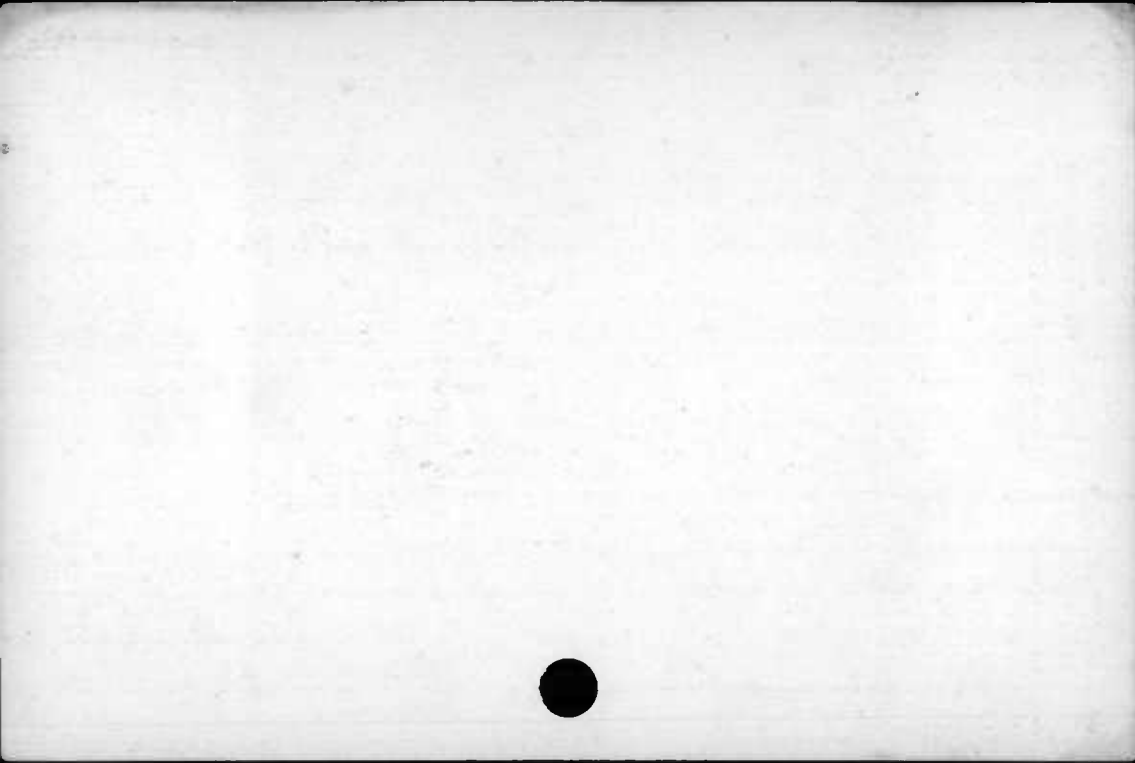
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Dr. E. Whitehill**New Windsor**Maryland*

Accident or Suicide?



Name
in
Full

Daisy Phillips

CERTIFICATE OF DEATH

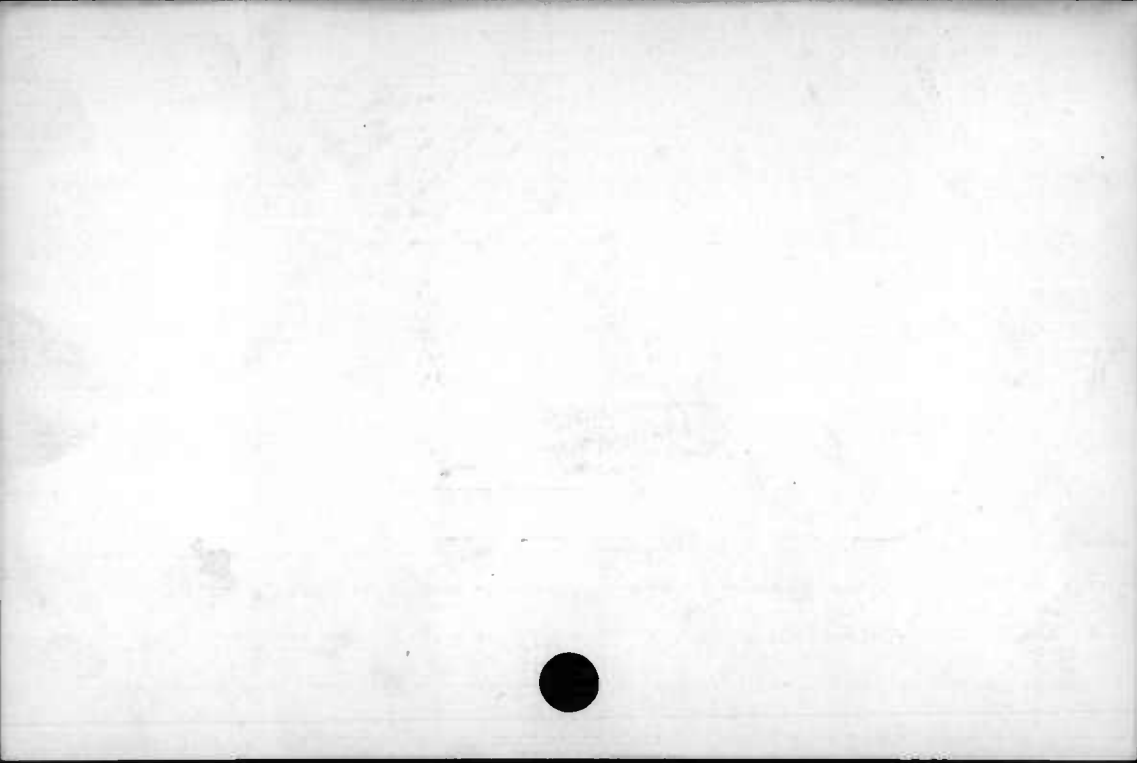
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> ^{Town}		<u>Fredricks</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Dec</u> ^{Month}	<u>29</u> ^{Day}	Age <u>—</u> ^{Years}	<u>10</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>		Color of Race <u>white</u>		Birth-place <u>Ind.</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>James A. Phillips</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Ruby E. Simons</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>James A. Phillips</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Meningitis</u>	<u>Subacute (?)</u>	How long <u>1 month</u>
Immediate <u>convulsions</u>		How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Lin Hish</u>	Address <u>Brunswick -</u>
		<u>Franklin Co</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

William S. Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pratt</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	1905	Month	Dec	Day	23
Age		Years		Months	Days
40		3		21	
Sex	Male		Color or Race	White	
Occupation	Merchant (grocer)		Birth-place	X	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Alice Haugh	
Father's Name	Samuel Ray		Father's Birthplace	Washington Co. Md.	
Mother's Maiden Name	Fannie M. Leach		Mother's Birthplace	Frederick Md.	
Name of person giving information	Mrs W. S. Ray		How related to deceased	Wife	

CAUSES OF DEATH

Primary	Laundry's Paralysis	How long	7 mos
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

S. S. Hayward
17 Second St. W.

Accident or Suicide?

Frederick Md.



Name in Full		Louisa Shafer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{near} Middletown		County ^{Town} Ford		MARYLAND	
		Date of death 190 ⁵ 5		Month ¹ 1		Days ¹⁹ 19	
		Sex ^{female} female		Color or Race ^{White} White		Birth-place ^{Ind} Ind	
		Married, Single or Widowed ^{Married} Married		Occupation ^{House Wife} House Wife			
		Name of Wife Husband ^{Samuel Shafer} Samuel Shafer					
		Father's Name ⁻ -				Father's Birthplace ⁻ -	
		Mother's Maiden Name ⁻ -				Mother's Birthplace ⁻ -	
		Name of person giving information ^{Samuel Shafer} Samuel Shafer				How related to deceased ^{Husband} Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary ^{Cancer of Liver} Cancer of Liver		How long ^{3 mo.} 3 mo.		(2)	
		Immediate ^{General Anemia} General Anemia		How long ⁻ -			
		Are the name, age, sex, color, date and place correctly given above? ^{Yes} Yes		Signature of Physician ^{C. H. R. Crum, M.D.} C. H. R. Crum, M.D.			
				Address ^{Jefferson, Ind.} Jefferson, Ind.			
		Accident or Suicide?					



Name
in
Full

Mary Shipley

CERTIFICATE OF DEATH

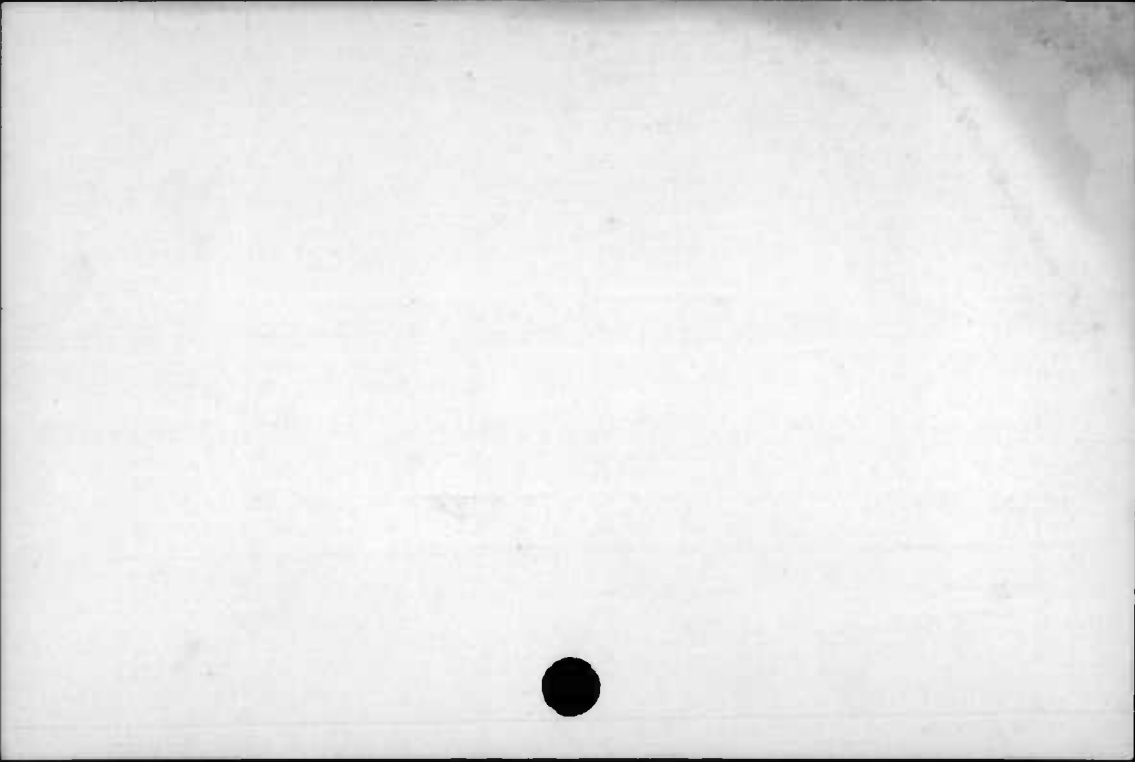
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County		MARYLAND	
Date of death		Month 1905	Day 25	Age 4	Years	Months X	Days 24
Sex F.		Color or Race W.		Birth- place Frederick			
Occupation X				Where Residing if not at place of death Y			
Married, Single or Widowed S.		Name of Wife or Husband —					
Father's Name H. F. Shipley		Father's Birthplace City		Mother's Birthplace County		How related to deceased Father	
Mother's Maiden Name Alice Easterday							
Name of person giving In formation H. F. Shipley							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchial Aneurysm (90)	How long	4 days
Immediate	Exhaustion	How long	15 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. M. Cuddy	
Address		Address	
Accident or Suicide? X			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Eliza Smith

Died at *Indiana* TownCounty *Indiana*

MARYLAND

Date of death *1905 Dec* Month

Day

9

Age *67* Years

Months

Days

Sex *Female*Color or
Race*white*Birth-
place*Alleghenya Pa*

Occupation

Where Residing if not
at place of death~~Married~~, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Leonard Smith*Father's
Birthplace*Fred. Co*Mother's
Maiden Name*Eliza Jamison*Mother's
Birthplace*Fred. Co.*Name of person giving
Information*Maria Lee Smith*How related
to deceased*Sister in law.*

CAUSES OF DEATH

Primary

Oedema of Lungs

How long

Seven days

Immediate

Heart Failure

How long

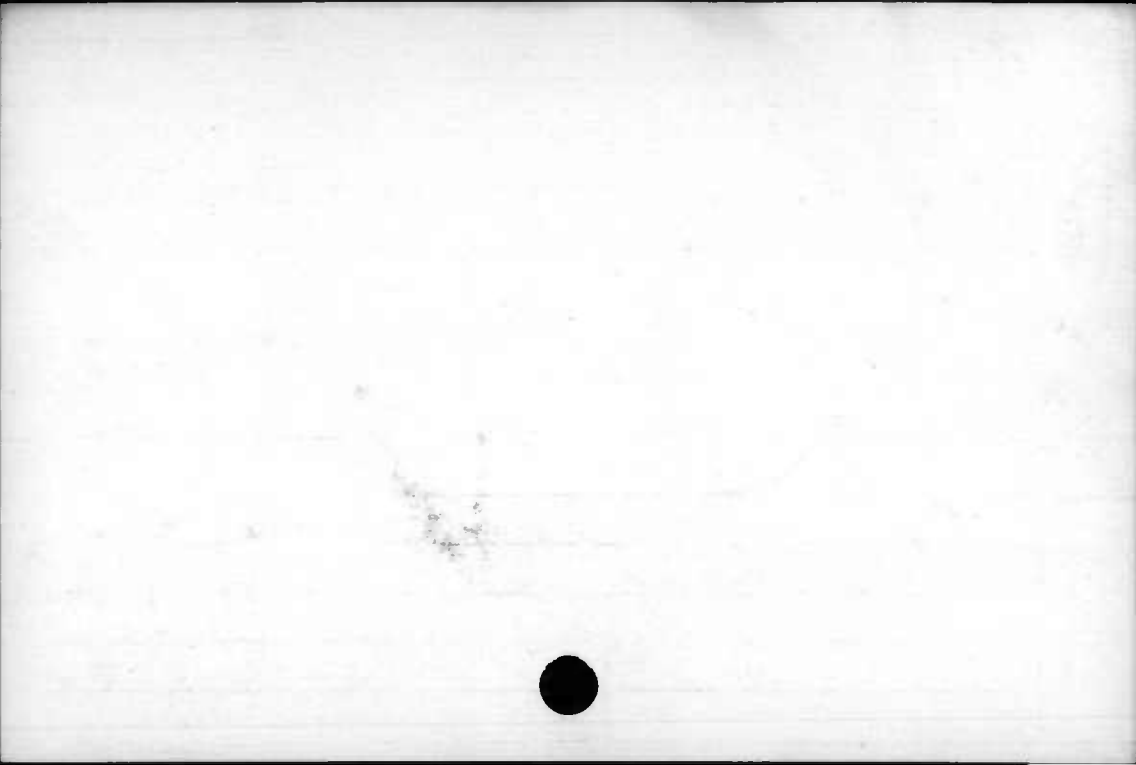
*Immediate*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. M. Johnson*

Address

Indiana Ind

Accident or Suicide?

*No*PHYSICIAN
OR CORONER



Name
in
Full

Maudie O. Strasberger

CERTIFICATE OF DEATH

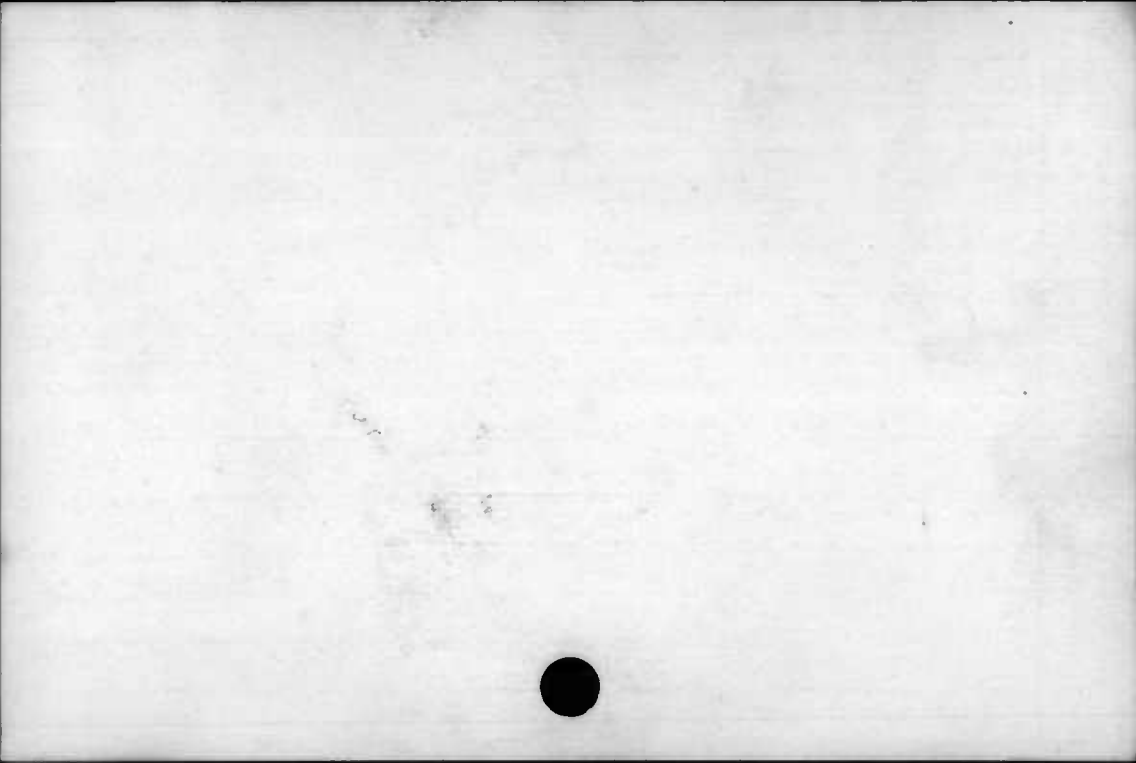
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1900</i>	Month <i>12</i>	Day <i>24</i>	Age <i>25</i>	Years <i>25</i>	Months <i>3</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>City</i>				
Occupation <i>Seamstress</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>J. V. Strasberger</i>	Father's Birthplace <i>F. Co. Md</i>						
Mother's Maiden Name <i>Catherine Fox</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Mrs. Strasberger</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. McEwen</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name
in
Full

Infant Still (M. M.)
Hansonville Branch

CERTIFICATE OF DEATH

MARYLAND

Died at *Hansonville* *Branch* County
Date of death *1905* *Dec.* Month *4* Day *4* Age *4* Years Months *4* Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed Name of Wife or Husband

Father's Name *Frederick J. Stull*

Father's Birthplace *Md.*

Mother's Maiden Name *Daisy S. J. Washen*

Mother's Birthplace *Md.*

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Convulsions*

How long *about 15 hours*

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

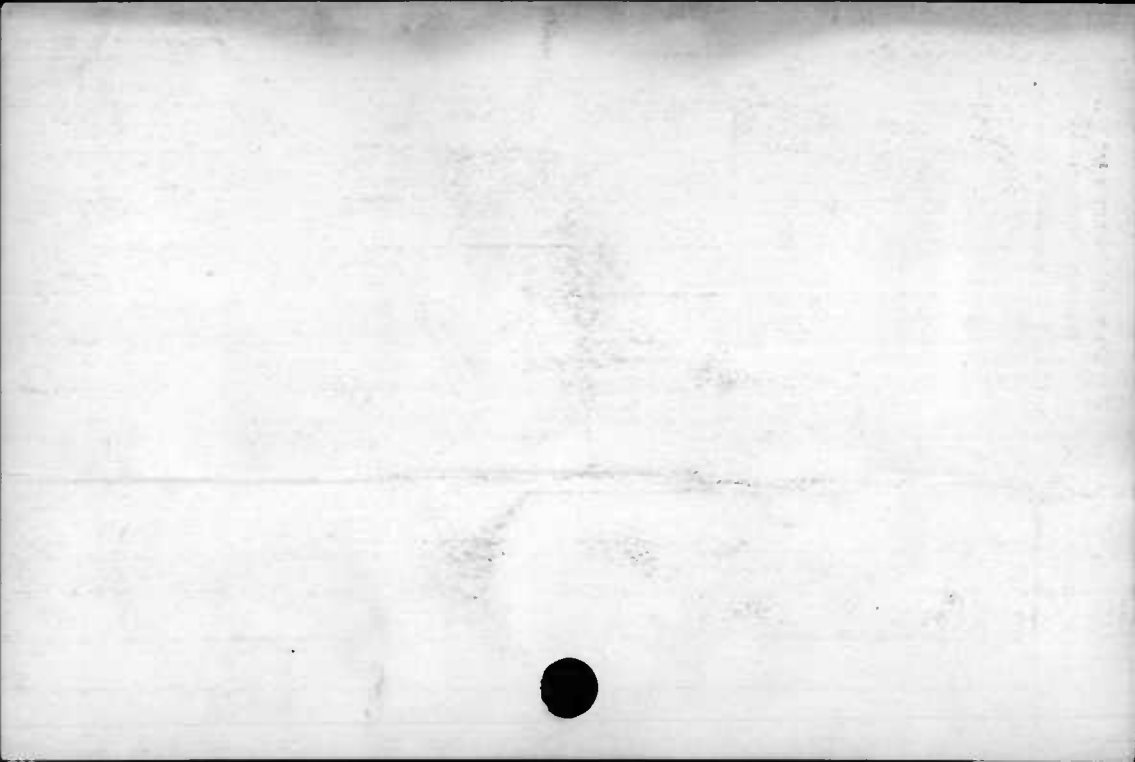
Address

S. J. Daffner, M.D.
Branch, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Anna Eliza Tayer

CERTIFICATE OF DEATH

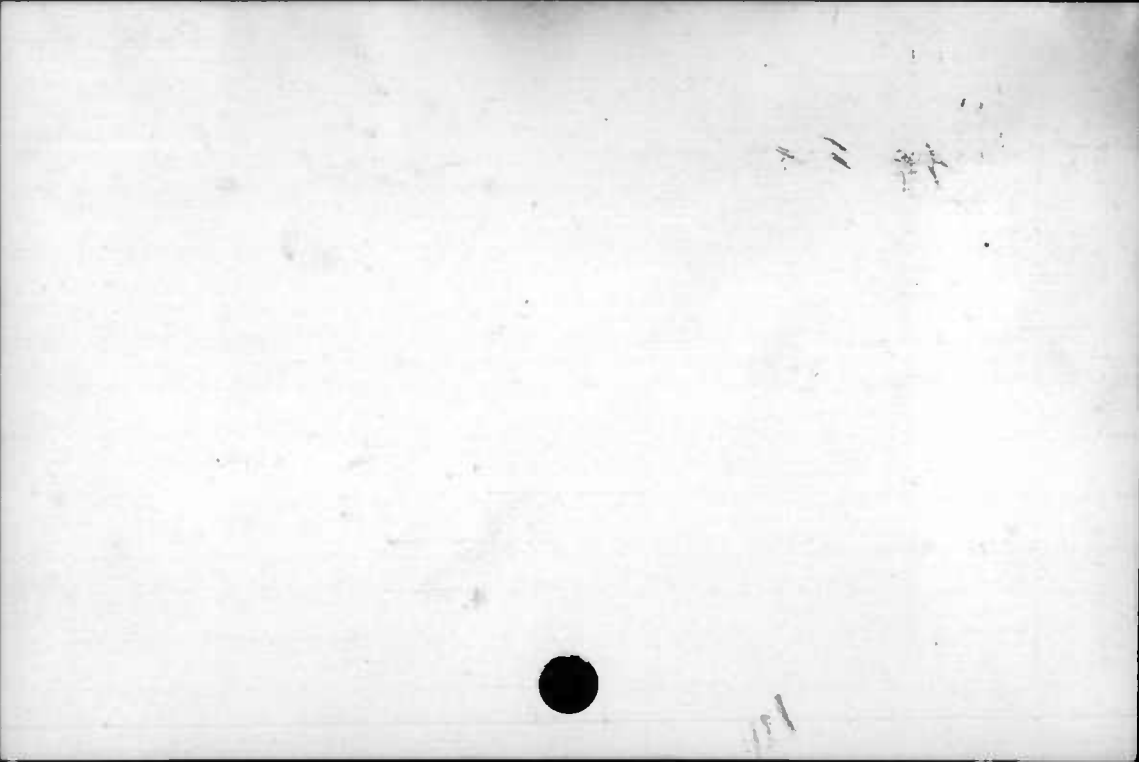
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middletown</i>		Town <i>Fredensh</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>Dec</i>	Day <i>6</i>	Age <i>85</i>	Years <i>7</i>	Months <i>20</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Henry Tayer</i>			
Father's Name <i>Elijah Couette</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lottie Brown</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>A. C. Fuller</i>			How related to deceased <i>mo</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>6 mo.</i>
Immediate <i>apoplexy</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Lammor</i>
	Address <i>Middletown Md.</i>
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

Eunna Taylor

Town

County

Died at

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

12

18

Age

32, 1, 1

Md.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805

Name
in
Full

Anne Jamnia Tapper.

CERTIFICATE OF DEATH

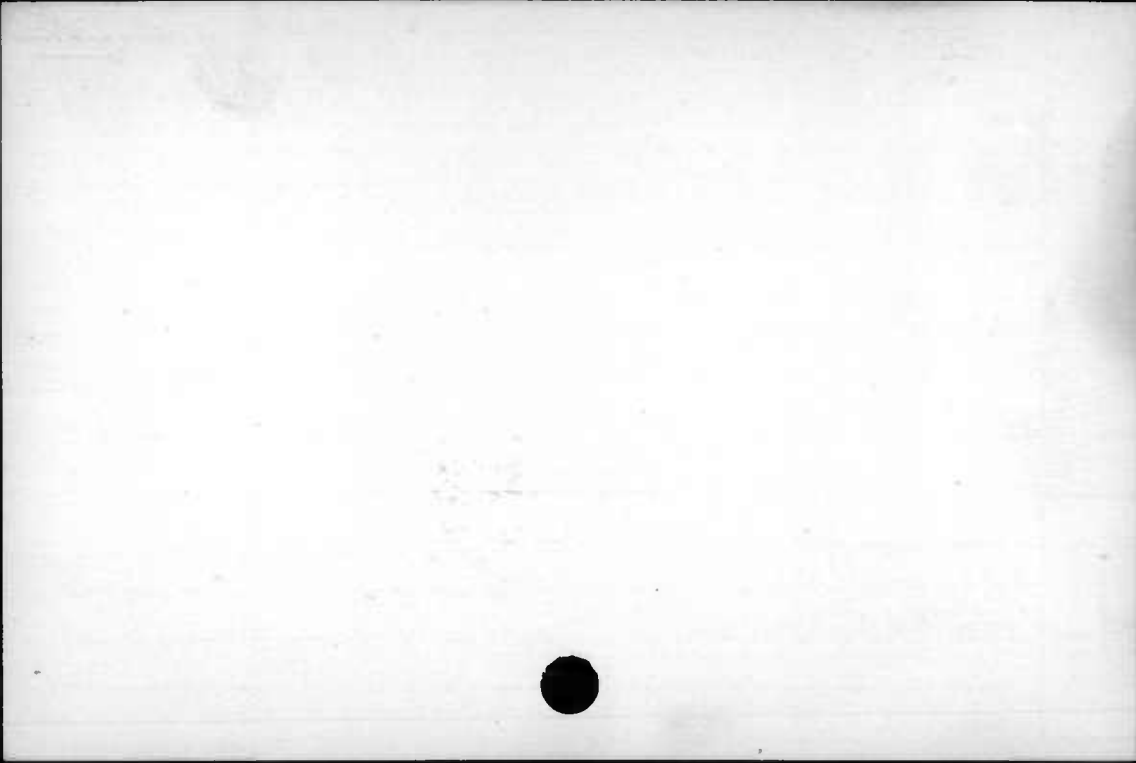
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indinet</i> ^{Town}		<i>Indinet</i> ^{County}		MARYLAND	
Date of death	1905	Month	Dec	Day	21
Age		77		Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>Lady</i>		Birth-place	<i>Indinet Co</i>	
Where Residing if not at place of death			<i>X</i>		
Married, Single or Widowed	<i>Widow</i>		Name of — or Husband	<i>John Tapper.</i>	
Father's Name	<i>Henry Keller</i>		Father's Birthplace	<i>Indinet Co.</i>	
Mother's Maiden Name	<i>Elsie Keller</i>		Mother's Birthplace	<i>Indinet Co</i>	
Name of person giving information	<i>Mrs Lambright</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lympho - Eucemia</i>		How long	<i>10</i>	<i>Several weeks</i>
Immediate	<i>General debility</i>		How long	<i>Gradual</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. B. Johnson M.D.</i>		
			Address <i>Indinet Ind.</i>		
Accident or Suicide?					



Name
in
FullHarry. E. ~~Wachler~~ Wachler

CERTIFICATE OF DEATH

Town

County

Died at *Hausenville -**Sodertich -*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1905**12**24*

Age

*Years**Months**2 days*

Sex

*Male -*Color or
Race*White -*Birth-
place*Hausenville -*

Occupation

*Wachler*Where Residing if not
at place of death*Wachler*~~Married~~ Single
~~or Widowed~~Name of Wife or
Husband*Wachler*Father's
Name*Howard E. Wachler -*Father's
Birthplace*Co*Mother's
Maiden Name*Mrs Gertrude C. Wachler*Mother's
Birthplace*Co*Name of person giving
In formation*Howard E. Wachler*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Trismus Procentium

How long

12 hours

Immediate

Exhaustion

How long

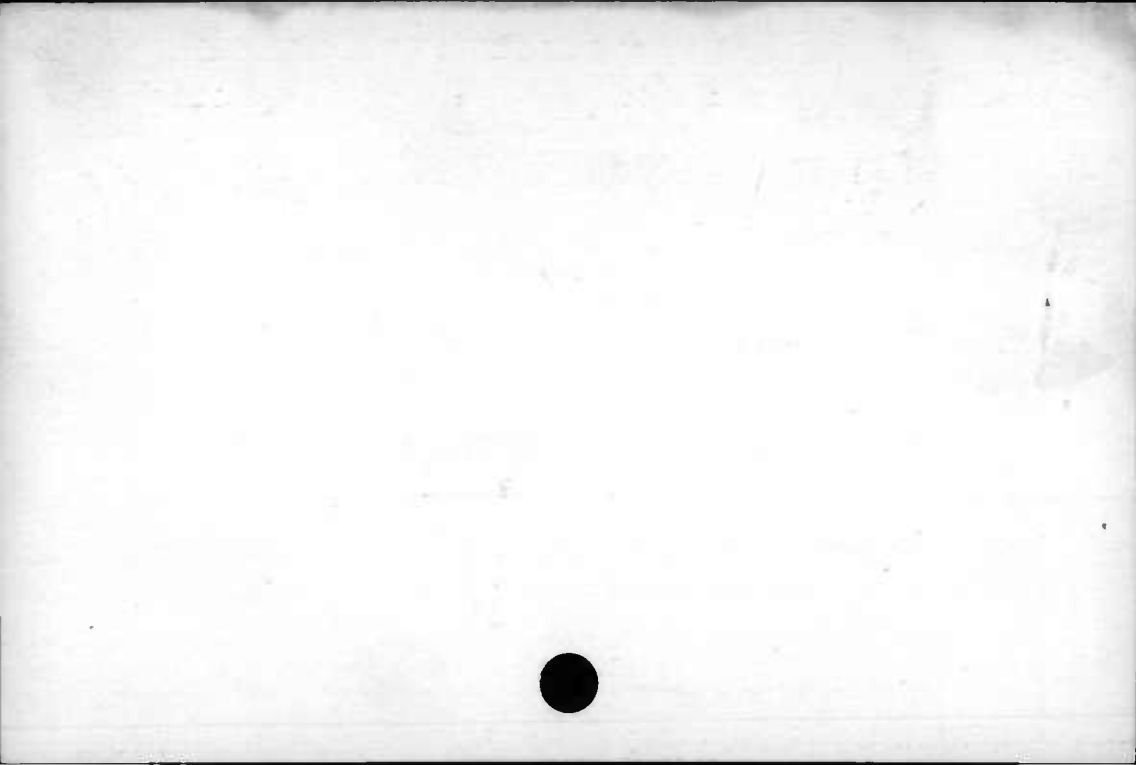
*x*Are the name, age, sex, color, date
and place correctly given above?*Yes -*Signature of
Physician*Wachler Buchanan*

Address

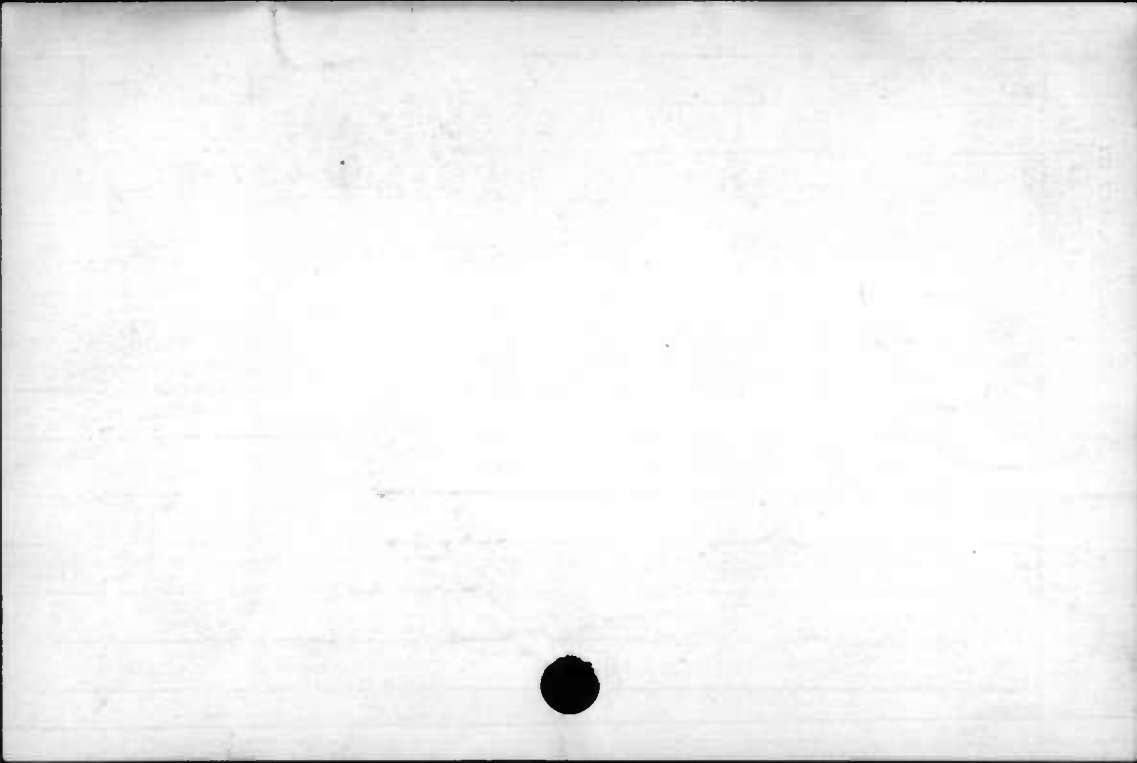
Sodertich

Accident or Suicide?

*No.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Lewis F Wachter		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frederick City Hospital		Frederick	MARYLAND
	Date of death	1905	12	19	Age 79
	Sex	Male	Color or Race	White	Birth-place
	Occupation	Farmer	Where Residing if not at place of death	N. Patrick St	
	Married, Single or Widowed	Married	Name of Wife	Catharine Wachter	
	Father's Name	Geo Wachter	Father's Birthplace	Unknown	
	Mother's Maiden Name	Maria Bungle	Mother's Birthplace	" "	
	Name of person giving information	Mrs Maril Collier	How related to deceased	Daughter	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Hemiplegia		How long	Six or eight wks
	Immediate	Inanition		How long	Gradual
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Johnson M.D.	
			Address	Bramen M.D.	
Accident or Suicide?					



Name
in
Full

Susan Ellen Willis


CERTIFICATE OF DEATH

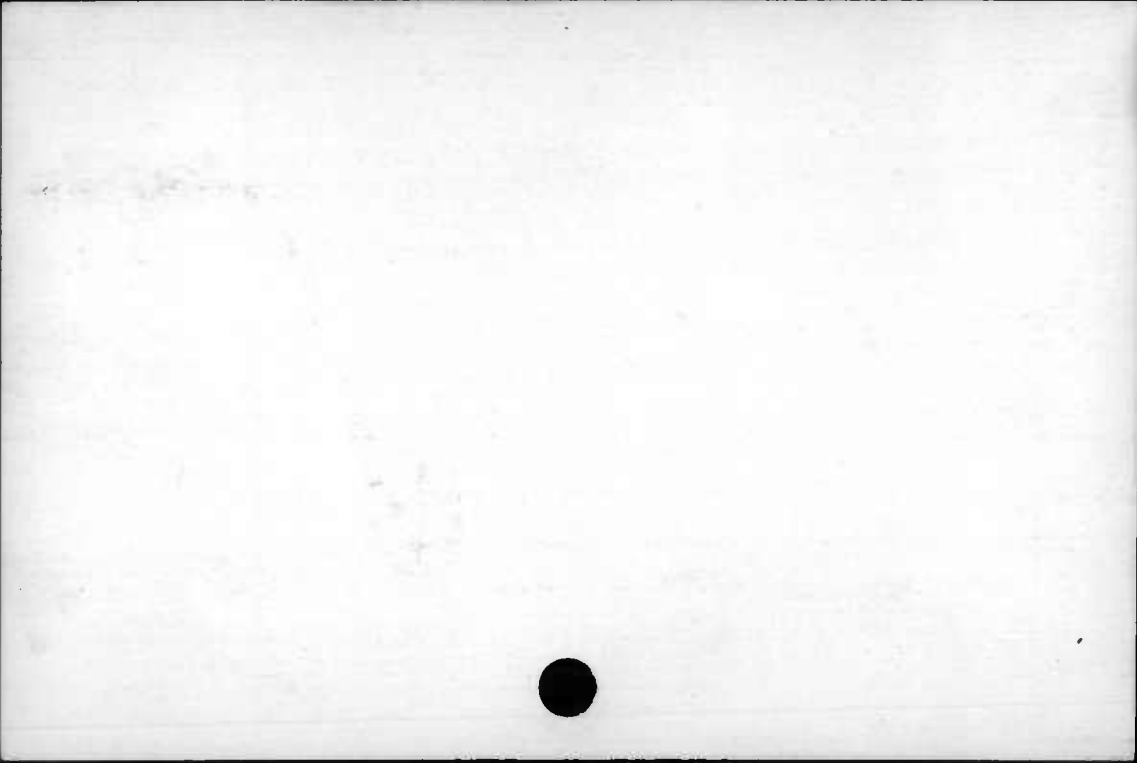
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Market</i>		Town <i>Frederick</i>		County <i>39</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>29</i>	Age <i>95</i>	Months	Years	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>don't know</i>				
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Lewis C. Willis</i>		Father's Birthplace <i>Eastern Shore of Md</i>					
Mother's Maiden Name <i>Anna Eliza Wehndorff</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>L.O. Willis</i>		How related to deceased <i>nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio-Sclerosis</i> 	How long	<i>for years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H.H. Hopkins Jr</i>	
		Address <i>New Market</i>	
Accident or Suicide? <i>no</i>		<i>Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jennie M. Ginges		Town, Fredens		County, Fredens		MARYLAND	
Died at		Date of death		Age		Months	
1905		Dec 17		37		10	
Sex Female		Color or Race White		Birth-place		Fredricks, Md.	
Occupation		Where Residing if not at place of death		Home Wife		Home	
Married, Single or Widowed		Name of Wife or Husband		Married		J. F. Ginges	
Father's Name		Father's Birthplace		John Trobell		F. Co. Md.	
Mother's Maiden Name		Mother's Birthplace		Margaret A. Flagle		" " "	
Name of person giving information		How related to deceased		John F. Ginges		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pernicious Anemia	How long	7 Mos
Immediate	Exhaustion	How long	+
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. S. Hayward M.D.	
		Address	
		17 Second St W.	
		Fredricks Md.	
Accident or Suicide?			



Name
in
Full

Anna M. Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Frederick</i> County <i>Frederick</i>		MARYLAND	
Date of death	<i>1905 Dec 9th</i>	Age Years <i>33</i> Months <i>8</i> Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Pa.</i>	
Occupation <i>S. W.</i>	Where Residing if not at place of death <i>45th St</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George M. Young</i>		
Father's Name <i>William P Edwards</i>	Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Clara J. Snyder</i>	Mother's Birthplace <i>Pa.</i>		
Name of person giving In formation <i>Geo. Young</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>abortion</i>	How long <i>2 weeks</i>
Immediate <i>Septic Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Hedger</i>
	Address <i>Frederick</i>
Accident or Suicide?	

